

Policy Update: September 2017

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SRCD News Related to Child and Family Policy

SRCD Federal Policy Fellowship: Apply Now

SRCD is accepting applications for the SRCD Federal Policy Fellowship Program for the year that begins on September 1, 2018 and ends on August 31, 2019. Through the program, SRCD places doctoral-level researchers in congressional and executive branch offices for full-year immersion experiences, where fellows serve as resident scholars. Interested in learning more? Visit the SRCD Federal Policy Fellowships [webpage](#),

send an email to policyfellowships@srcd.org, or call 202-800-0666.

To apply to the fellowship, click [here](#). Applications are due by **December 15, 2017**.

Register Now: Upcoming Webinar on Behavioral Economic Insights in Early Childhood Interventions

Title: Harnessing Behavioral Economic Insights to Optimize the Impact of Early Childhood Interventions

Date: Thursday, October 26

Time: 2:00-3:00 pm Eastern

About the Webinar: Even with the best of intentions, parents can miss out on valuable resources and opportunities for their children. Add poverty to the mix, and parents are even more overwhelmed. Money is scarce, and the stress of making ends meet taxes the attention available for other important tasks, including the demanding and ever-present task of parenting.

This webinar will draw on the interdisciplinary perspective of behavioral economics and the ways in which the behavioral economic framework offers a complementary understanding of parents' engagement with their children and with early interventions. As such, the framework also offers a set of new tools that marshal and recognize how mental resources and contextual factors can influence - and thus interfere with - parents' decisions to participate and follow through with activities that are believed to support young children's development.

More specifically, presenters will describe four examples of behavioral concepts emerging in their work as influential to parenting and utilizing early intervention programs: negative construal of program intentions, self-affirmation, active choice, and social influences. During the webinar the speakers will describe and motivate the importance of each of these concepts, situate it in the context of parenting, and provide examples of interventions that may elicit improved parent engagement such as changes in framing, reflective prompts at key decision-making points, and accountability mechanisms.

The webinar will be designed for scholars and practitioners, with examples grounded in real early intervention programs. The speakers will be incorporating and motivating the scientific knowledge base and emerging evidence and interweaving this with implications and applications for the field.

This webinar will feature presentations by Zoelene Hill and Michelle Spiegel of the beELL initiative at New

York University's Institute of Human Development and Social Change. For more information about their work, please visit: beELL.org.

[Click here](#) to register for this webinar.

Legislative Branch Updates

FY18 Appropriations: Senate Advances Labor-HHS-ED Bill; Continuing Resolution Prevents Government Shutdown

On September 7, the Senate Appropriations Committee marked up and approved [S.1771](#), the “Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2018.” This bill provides funding for the National Institutes of Health (NIH) and Department of Education (ED), in addition to a number of other federal departments and agencies. This bill, the largest of the nondefense spending bills, provides a total of \$164.1 billion, an increase of \$3 billion compared to the FY17 funding level and more than \$8 billion more than the House Labor-HHS-ED bill, which advanced out of committee in July.

On September 8, [H.R. 601](#), the “Continuing Appropriations Act, 2018 and Supplemental Appropriations for Disaster Relief Requirements Act, 2017” was signed into law. This bill combined multiple important pieces of must-pass legislation including: a three-month continuing resolution that will fund the government through December 8, 2017, emergency funding for victims of recent hurricanes and other major disasters, and an extension of the debt limit for three months.

On September 14, the House of Representatives voted 211-198 to pass an omnibus spending package that includes all twelve spending bills for FY18. The package includes a total of \$1.23 trillion, including \$621.5 billion in defense spending and \$511 billion in nondefense discretionary spending.

Click [here](#) for a more detailed summary of recent appropriations developments.

Senate Committee Hearing on the Children's Health Insurance Program (CHIP)

On September 7, the Senate Finance Committee held a hearing entitled “The Children's Health Insurance Program: The Path Forward.” In his opening remarks, Chairman Orrin Hatch (R-UT) stated the purpose of the

hearing: for the committee to decide to either reauthorize or extend federal funding of the Children's Health Insurance Program (CHIP) once it expires on September 30. CHIP currently provides insurance coverage for millions of children in families with incomes just above Medicaid eligibility levels. Ranking Member Ron Wyden (D-OR) urged Congress to take quick action to ensure that funding continues in a timely manner as “this program is a lifeline for nearly 9 million children.” Both members underscored the profoundly positive impact CHIP has had on enrolled children, and felt confident that the committee could work in a bipartisan manner to make a decision on funding.

Witnesses provided testimony on a variety of issues, but all were in agreement that Congress should pursue a five-year extension of CHIP that includes a higher federal matching rate than in prior laws. Witnesses addressed: the high cost of health care for children with extensive needs and the importance of CHIP in providing those services at little to no cost; the profound effect CHIP has had in states, covering a large number of immunizations, checkups, heart surgeries, and other medical procedures in Virginia alone; the financial security CHIP provides families so they do not have to choose between the health of their children and the wellbeing of the family as a whole; that if CHIP funding is not renewed, 1.2 million children will become uninsured; some state requirements to terminate CHIP if federal funding is not available; and recommendations from the Medicaid and CHIP Payment and Access Commission, including that the proposed five-year extension would give Congress time to address concerns with transitioning children’s coverage from public to private health care. Witnesses included: Leanna George, mother of a CHIP recipient; Anne Schwartz, executive director of the Medicaid and CHIP Payment and Access Commission; and Linda Nablo, chief deputy director of the Virginia Department of Medical Assistance Services.

The Finance Committee did not make any decisions about funding during the hearing. However, on September 12, the committee announced a proposal to extend CHIP for five years, through FY 2022. The plan would continue the federal matching rate currently required by the Affordable Care Act through 2019, which included a 23% increase in the rate of federal matching for FY15 to FY19. The plan would then reduce the rate of federal matching to 11.5% in 2020. On September 18, the bill to extend CHIP funding ([S.1827](#)) was introduced in the Senate. To watch the whole hearing and read witness testimony, click [here](#).

Senate Committee Hearing on Nutrition Programs

On September 14, the Senate Committee on Agriculture, Nutrition, and Forestry held a hearing entitled “Nutrition Programs: Perspectives for the 2018 Farm Bill.” Chairman Pat Roberts (R-KS) opened discussion

on the Supplemental Nutrition Assistance Program (SNAP), which makes up over 75% of the Farm Bill spending, a bundle of legislation passed every five years relating to agriculture and nutrition. While Senator Roberts praised SNAP's purpose and success, he raised issues with state administration and oversight, indicating that investigations by multiple entities have revealed that states have "purposefully used whatever means necessary to mislead the federal government to obtain bonuses or avoid financial penalties." While not pointing to rampant fraud or program abuse by participants, reports indicate that states have made erroneous payments and that there are problems with the data on payment errors. Ranking Member Debbie Stabenow (D-MI) used her statement to emphasize the importance of SNAP as temporary assistance to vulnerable groups, with the majority of SNAP funding going to children, the elderly, and people with disabilities. She also provided evidence of SNAP's recent success implementing training programs and nutrition education in an improving economy, noting that the "Congressional Budget Office recently estimated that the Farm Bill is projected to save \$80 billion more than initially expected, largely driven by reduced spending on food assistance." She concluded by calling for the committee to continue its commitment to providing critical food access through SNAP, while also increasing state accountability.

The first panel featured officials from the U.S. Department of Agriculture (USDA) discussing state accountability, quality control (QC), and ongoing investigations into erroneous payments. These investigations found that QC reviewers did not correctly identify payment errors during the review of SNAP; that in 27 of the 60 cases reviewed, state's QC results were "unsupported, questionable, or inaccurate"; and that states were making errors in determining eligibility and calculation of payment amounts. Panelists spoke of the need to improve documentation and the federal review process, along with ongoing efforts to strengthen oversight of QC and conduct annual state audits to prevent improper payments. The second panel brought together staff of nonprofit organizations, community advocates, and researchers to discuss the vital importance and success of the SNAP program, providing testimony on issues such as: that SNAP kept 8.4 million people out of poverty in 2014, including 3.8 million children; a USDA estimate that every \$5 in new SNAP benefits generates as much as \$9 of economic activity; that when families receive SNAP they consume more nutritious foods than they could afford otherwise; discussion of innovative program improvements such as the SNAP Online Purchasing Pilot program to improve food access in rural areas; the potential of dispatching health care professionals to food delivery locations in this pilot; and discussion of the SNAP Employment & Training program (SNAP E&T), which provides SNAP benefits along with job training and employment assistance to promote economic self-sufficiency.

Panelists included: Brandon Lipps, Acting Deputy Under Secretary, Administrator, Food, Nutrition and Consumer Services, Food and Nutrition Service, USDA; Gil Harden, Assistant Inspector General for Audit,

Office of Inspector General, USDA; Ann M. Coffey, Assistant Inspector General of Investigations, Office of Inspector General, USDA; Sam Schaeffer, Chief Executive Officer and Executive Director, Center for Employment Opportunities; Bryan Parker, Community Food Bank of Eastern Oklahoma; Jimmy Wright, President, Wright's Markets, Inc.; Dr. Diane Schanzenbach, Director and Margaret Walker Alexander Professor, Institute for Policy Research at Northwestern University; and Brian Riendeau, Executive Director, Dare to Care Food Bank. Click [here](#) to watch the full hearing and read witness testimony.

Executive Branch Updates

National Advisory Child Health and Human Development Council Meeting

The National Advisory Child Health and Human Development Council met on September 14 to advise the director of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). The director of NICHD, Dr. Diana Bianchi, opened the meeting with the director's report. Dr. Bianchi provided an update on budget and staffing, work resulting from the 21st Century Cures Act, and the vision goals she outlined at the January 2017 council meeting. Regarding the budget, Dr. Bianchi noted that a continuing resolution that will fund the government through early December had been signed into law and that the appropriations bill currently moving through the Senate increases funding for NIH in the FY18 budget, including an approximately \$50 million increase for NICHD. Dr. Bianchi also provided an update on two NICHD projects that came out of the 21st Century Cures Act: the Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC) and the Next Generation Researchers Initiative. She noted that NICHD continues its work of building bridges both within and outside of NICHD as a part of the vision goals laid out at the January meeting, highlighting in particular a new collaboration between NICHD, the National Institute on Drug Abuse (NIDA), and the Environmental Influences on Child Health Outcomes (ECHO) Program to begin to develop a common protocol for treatment of newborns withdrawing from opioids. Dr. Bianchi concluded the director's report by noting that NICHD will begin the strategic planning process in early 2018 with a small group of internal and external stakeholders, and that more information on the strategic planning process will be available soon.

Another presentation that might be of interest to SRCD members was a presentation on the NIH clinical trials policy implementation by Dr. Michael Lauer, Deputy Director for Extramural Research at NIH. Dr. Lauer discussed the motivation for the new clinical trials policy, explaining that in a large number of NIH clinical trials, there was a long delay in the publication of results or the results were never published at all. In

response, the new policy requires all clinical trials to be registered and the summary results to be reported within 12 months of the conclusion of the clinical trial. Dr. Lauer further noted that the agency believes that there is value in the information that can be derived from all experiments being done with people, even if they fail, and thus it is beneficial for the summary results of all clinical trials to be made public. Please see the resources section below for additional resources related to clinical trials at NIH. In addition to the director's report and the update on the clinical trials policy, updates were provided by several divisions and offices, and detailed presentations were given on the [oncofertility consortium](#), coatopathies: genetic diseases of protein coats, and the Gabriella Miller Kids First Pediatric Research Common Fund Program. The meeting agenda and additional resources are available [here](#) and the webcast of the event is available [here](#).

Task Force on Research Specific to Pregnant and Lactating Women Meeting

The Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC) held its first meeting on August 21 and 22. PRGLAC was established by the 21st Century Cures Act to advise the Secretary of Health and Human Services on research on safe and effective therapy for pregnant and lactating women, and to discuss any gaps in knowledge due to the omission of pregnant and nursing women from clinical trials. The task force includes representatives from a variety of health-focused federal agencies, relevant medical societies, nonprofits, and industry members. The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) Deputy Director, Catherine Spong, MD, opened the meeting by laying out the goals of the task force, focusing on efforts to create a report to the HHS Secretary and Congress by September 2018. This report will include a plan to identify gaps in research on safe and effective medications for use in pregnancy and for lactating women, ethical issues relating to inclusion of these women in clinical trials, communication strategies for healthcare providers to relay such information, a description of existing federal activities and research relating to pregnancy and lactation, and recommendations to improve the development of safe and effective therapies for pregnant and lactating women.

Day one of the meeting included presentations outlining the scope of the issue and current state of research, noting the importance of the task force in addressing information gaps, as 90% of pregnant women take at least one medication, with 70% taking at least one prescription drug during pregnancy. Various federal agencies, including [NIH](#) and the [CDC](#), provided updates highlighting ongoing activities such as identification of common medical conditions and medications used in pregnancy, existing data collection methods and registries, federally funded services provided for mothers and children, and federal grants currently funding

research and evidence-based programs that impact the health of pregnant and lactating women. A panel discussed overarching questions and identification of additional activities, such as studying the impact of obesity on pregnancy and how obese women metabolize medications.

Day two was focused on opportunities for coordination and collaboration of research related to pregnant and lactating women, providing federal agency, industry, professional society, and patient perspectives. Current research dissemination strategies were also discussed, along with future directions for dissemination such as creating an online database for pregnant and lactating women and service providers that could combine all relevant agency information. Dr. Spong ended the meeting by providing a summary and progress update, noting that this meeting had provided information for the section of the report on federal agency activities and that the next meeting in November would likely focus on ethics issues. Click [here](#) for webcasts of the two meeting days, meeting materials, and information on future PRGLAC meetings.

Census Bureau Releases 2016 Statistics on Income, Poverty, and Health Insurance Coverage

On September 12, the U.S. Census Bureau released two reports, one focusing on [income and poverty in the United States in 2016](#), and the other on [health insurance coverage in 2016](#). The statistics indicate:

- A decline in the poverty rate for children under age 18 from 19.7 percent in 2015 to 18.0 percent in 2016. The poverty rate for children continued to be higher than for adults aged 18-64, which declined over this period from 12.4 to 11.6 percent.
- A decrease in the nation's official poverty rate from 13.5 percent in 2015 to 12.7 percent in 2016. There were 40.6 million people in poverty in the U.S. in 2016, 2.5 million fewer than in 2015.
- An increase from 2015 to 2016 of 2.2 million in the number of men and women who were working full-time, year round and who had earnings.
- An increase of 3.2 percent in real median household income between 2015 and 2016, from \$57,230 to \$59,039. Real median income of non-Hispanic White, Black and Hispanic-origin households increased 2.0 percent, 5.7 percent, and 4.3 percent respectively over this period.
- A decline in the percent of people without health insurance coverage for the entire calendar year from 9.1 percent in 2015 to 8.8 percent in 2016 (from 29.0 million people to 28.1 million).
- The percent of uninsured children under age 19 was 5.4 percent in 2016, showing no significant change from 2015. The uninsured rate was higher for children under age 19 in poverty than for those not in poverty (7.0 percent and 5.0 percent respectively).

Commission on Evidence-Based Policymaking Releases Final Report

On September 7, the Commission on Evidence-Based Policymaking (CEP) released [The Promise of Evidence-Based Policymaking](#), the final report of the CEP. This Commission, established by the bipartisan [Evidence-Based Policymaking Commission Act of 2016](#), was chaired by Katharine Abraham of the University of Maryland and co-chaired by Ron Haskins of the Brookings Institution. The 15 members of the Commission were appointed by the President, Speaker of the House, House Minority Leader, Senate Majority Leader, and Senate Minority Leader in mid-2016. The final report lays out a range of recommendations in four major categories:

- Improving secure, private, and confidential data access;
- Modernizing privacy protections for evidence building;
- Modernizing America’s data infrastructure for accountability and privacy; and
- Strengthening federal evidence-building capacity.

One of the key recommendations involves creating a National Secure Data Service to “facilitate access to data for evidence building while ensuring privacy and transparency in how those data are used.” Additional recommendations seek to incorporate the use of evidence and evaluation into the day-to-day operations of the federal government, such as requiring all departments to identify a Chief Evaluation Officer to coordinate evaluation and “collaborate with other evidence building functions within federal departments.”

In response to this report, the Bipartisan Policy Center announced that it is launching an initiative to “continue and expand on the commission’s efforts to ensure federally funded programs are based on the best evidence available.” Abraham and Haskins will lead the new [Evidence-Based Policymaking Initiative](#). Additionally, the House Committee on Oversight and Government reform will be holding a hearing on the recommendations of the CEP on September 26. A webcast of the hearing will be available [here](#).

Federal Reports and Requests

Reports

New Reports and Briefs from the Office of Planning, Research and Evaluation

Several new publications are available from the Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services:

(1) Partnering With Families in Continuous Quality Improvement: The Maternal, Infant, and Early Childhood Home Visiting Program This [report](#) describes how to include families in Continuous Quality Improvement (CQI) to strengthen programs in states that receive funding from The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).

(2) State-Led Evaluations of Family Engagement: The Maternal, Infant, and Early Childhood Home Visiting Program This [brief](#) summarizes findings from state-led evaluations of family engagement in MIECHV.

(3) Analysis of Data on Youth With Child Welfare Involvement at Risk of Homelessness This [brief](#) describes the data strategy implemented by the Youth At-Risk of Homelessness (YARH) program.

(4) Lessons from a Federal Initiative to Build Capacity to End Youth Homelessness This [brief](#) describes the capacity building strategy implemented by the YARH program.

(5) Reducing Homelessness Among Youth with Child Welfare Involvement: An Analysis of Phase I Planning Processes in a Multi-phase Grant This [report](#) is a process study of Phase I of a Children's Bureau grant initiative to design service models intended to prevent homelessness in child welfare involved youth.

(6) Sustaining Efforts to Reduce Youth Homelessness Without Additional Federal Funding This [brief](#) discusses how grantees who received Phase I but not Phase II funding for the YARH program are working to sustain their efforts.

(7) An Introduction to the Tribal Health Profession Opportunity Grants (HPOG) 2.0 Program and Evaluation This [practice brief](#) is the first in a series used to disseminate lessons and findings from the evaluation of the Tribal HPOG 2.0 Program.

(8) Health Profession Opportunity Grants (HPOG) 2.0 Tribal Evaluation: Evaluation Plan This [report](#) describes the approach and methods used in the evaluation of the Tribal HPOG 2.0 program.

(9) Delivering Adolescent Pregnancy Prevention Services to High-Risk Youth: Implementing Teen Choice in New York

This [report](#) summarizes key findings from the implementation of Teen Choice, a comprehensive sex education program covering both abstinence and contraception, in New York.

New Reports, Briefs, and Research Summaries from the Office of the Assistant Secretary of Planning and Evaluation

A new report is available from the Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services:

(1) Welfare Indicators and Risk Factors, Sixteenth Report to Congress This is an annual required [report](#) to Congress providing indicators and predictors of welfare dependence through 2014 for most indicators.

New Reports from the Institute of Education Sciences

Several new reports are available from the National Center for Education Statistics, Institute of Education Sciences (IES), Department of Education:

(1) Results from the 2015-16 National Teacher and Principal Survey These First Look reports from the 2015–16 National Teacher and Principal Survey provide basic statistics on characteristics of public elementary and secondary [schools](#), [teachers](#), and [principals](#).

(2) Characteristics of Private Schools in the United States: Results From the 2015–16 Private School Universe Survey This First Look [report](#) from the 2016-16 Private School Universe Survey provides basic statistics on characteristics of private schools.

(3) College Applications by 2009 High School Freshmen: Differences by Race/Ethnicity This [report](#) uses data from the High School Longitudinal Study of 2009, 2013 Update collection to look at college applications by high school freshmen four years later.

Resources

NIH Releases New Resources to Clarify Clinical Trials Policy

The National Institutes of Health (NIH) Office of Extramural Research recently released two new resources to clarify the new NIH clinical trials policy: a [frequently asked questions page](#) and a [series of case studies](#) to help researchers determine if their human subjects research meets NIH’s definition of a clinical trial. [Click here](#) for a recent blog post by Dr. Bill Riley, Director the NIH Office of Behavioral and Social Sciences

Research on the implications of the clinical trials policy for researchers in the social and behavioral sciences.

Federal Funding Opportunities

This month's FFO highlights a Centers for Disease Control and Prevention funding opportunity seeking research proposals for rigorous evaluation of a previously or currently implemented federal, state, local, tribal or organizational policy regarding impacts on multiple forms of violence, including child abuse and neglect, youth violence, intimate partner violence, sexual violence and/or suicide. The proposed research must focus on a policy that has not yet been rigorously evaluated. Applicants are encouraged to assess the impact of the policy on as many violence outcomes as feasible as well as on risk and protective factors that are common to multiple forms of violence. Completed applications are due by February 1, 2018. Click [here](#) to read about this and other federal funding opportunities.