



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Capacity Assessment

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Introduction

As required by the *Foundations for Evidence-Based Policymaking Act of 2018* (Evidence Act), the Department of Health and Human Services (HHS) has conducted an assessment of the agency's evaluation and evidence-building capacity. In September of 2020, HHS submitted an interim HHS Capacity Assessment to the Office of Management and Budget (OMB). This document is the Draft Capacity Assessment called for in OMB memorandum M-19-23, M-21-27, and Circular A-11.

The Capacity Assessment requires agencies to assess the coverage, quality, methods, effectiveness, and independence of their statistics, evaluation, research, and analysis efforts. Agencies must also address the following as part of the Capacity Assessment for Statistics, Evaluation, Research, and Analysis:

- A list of the activities (e.g., programs, initiatives, etc.) and operations (e.g., administrative and support tasks) of the agency that are currently being evaluated and analyzed;
- The extent to which the evaluations, research, and analysis efforts and related activities of the agency support the needs of various divisions within the agency;
- The extent to which the evaluation, research, and analysis efforts and related activities of the agency address an appropriate balance between needs related to organizational learning, ongoing program management, performance management, strategic management, interagency and private sector coordination, internal and external oversight, and accountability;
- The extent to which evaluation and research capacity is present within the agency to include personnel and agency processes for planning and implementing evaluation activities, disseminating best practices and findings, and incorporating employee views and feedback; and
- The extent to which the agency has the capacity to assist agency staff and program offices to develop the capacity to use evaluation research and analysis approaches and data in the day-to-day operations.

In drafting the Capacity Assessment, OMB has encouraged agencies to use a format, process, and structure that best meets their specific context. There is no template or specific format for this document, but OMB expects that each agency's assessment will include discussion and analysis of the five criteria (i.e., coverage, quality, methods, effectiveness, and independence) for their statistics, evaluation, research, and analysis activities, including the specific components in the bullets above. To meet the requirements of the Capacity Assessment HHS has employed a multi-method approach to conduct the Capacity Assessment as described below. All activities described in this document are subject to availability of appropriations.

Methods and Approach

HHS has employed the following approaches to meet the requirements of the Capacity Assessment, proposed by the Division of Evidence, Evaluation and Data Policy in the Office of the Assistant Secretary for Planning and Evaluation and approved by the HHS Evidence and Evaluation (E&E) Council. The Council predates the Evidence Act and is made up of senior evaluation staff and subject matter experts from each agency within HHS. The Council meets monthly to address issues related to evidence-building and evaluation policies or activities across HHS, with a recent focus on Evidence Act implementation

activities. The assessment employed multiple methods and builds upon the previous efforts initiated for the Interim Capacity Assessment. These methods included:

- Incorporating results from the Interim Capacity Assessment staff survey;
- Identifying existing requirements pertaining to the assessment areas;
- Determining the scope of activities and operations being evaluated and analyzed in alignment with other Evidence Act materials;
- Conducting key informant interviews with the three Evidence Act designated officials;
- Consulting HHS Evidence & Evaluation Council; and
- Engaging stakeholders

More detail is provided below on these approaches.

1. Results from the Interim Capacity Assessment staff survey

To determine baseline levels of capacity for building and using evidence within the Department, HHS conducted a survey of evaluation staff across May and June of 2020. This survey was distributed through the HHS Evidence and Evaluation Council and received 72 responses across 12 operating and staff divisions. This survey and analysis of results was used to create the high-level baseline and findings for the previously submitted interim Capacity Assessment. These results and responses to OMB comments on the results are reflected in the final HHS Capacity Assessment.

2. Requirements Pertaining to the Assessment Areas

The capacity assessment identified existing policies, standards, and practices that require and support the quality, methods, effectiveness, and independence of agency evaluations, statistics, research, and analysis. This was accomplished by a review of agency websites and publications, supplemented by key informant interviews. The results identified current policies, directives, memorandum, and other documents issued by OMB, the Department, and relevant external organizations to ensure quality, appropriate methodology, effectiveness, and independence. Many of these policies and procedures were established in order to comply with legislative and regulatory requirements, such as OMB's Guidelines implementing the Information Quality Act and related Federal guidelines and Memorandum. Current OMB Directives and Guidelines include additional specific practices and procedures that ensure the quality, effectiveness, appropriate methods, and independence of evaluations, statistics, research, and analysis conducted by HHS. HHS has drawn upon these existing federal policies and guidance as well as agency policies in developing the HHS Capacity Assessment.

3. List of Activities and Operations of the Agency that are Currently being Evaluated and Analyzed

HHS has defined the scope for the Department's activities and operations that are currently being evaluated and analyzed in order to compile a manageable list of activities that are meaningful and significant, focused on HHS priority goals and strategic initiatives. Major statistical activities and significant program evaluations are in scope, for example, while program evaluations as a condition of grant awards are generally excluded, along with audits and investigations. HHS is including with this submission a list of significant activities and operations for each of the priority questions identified in the HHS Evidence Building plan. These priority areas, in alignment with the HHS 2023-2026 Strategic Plan, are: 1) Health Care: Protect and Strengthen Equitable Access to High Quality and Affordable Health

Care; 2) Human Services: Strengthen Social Well-being, Equity, and Economic Resilience; 3) Research & Evidence: Restore Trust and Accelerate Advancements in Science and Research for All; 4) Public Health: Safeguard and Improve National and Global Health Conditions and Outcomes; and, 5) Management: Advance Strategic Management to Build Trust, Transparency, and Accountability.

4. Interviews with Evidence Act Designated Officials

The Chief Data Officer, Evaluation Officer, and Statistical Official play a significant role in capacity development across HHS' statistics, evaluation, research, and analysis efforts and each official has insight into different aspects of the agency's capacity to carry out these efforts. These designated officials have coordinated efforts throughout the implementation of the Evidence Act and each was interviewed for the final Capacity Assessment to ensure that their insights are included.

5. Consult HHS Evidence and Evaluation Council

The HHS E&E Council functions as a forum for leaders and subject matter experts in evaluation and evidence-building across the agency to coordinate on cross-agency issues. The diversity of HHS agencies in terms of size, mission, and activities creates challenges for developing a single Capacity Assessment that is both comprehensive and accurate across agencies. Members of the Council are uniquely positioned to provide input on the Capacity Assessment, particularly in terms of identifying trends that apply across operating and staff divisions. The E&E Council predates the Evidence Act and is composed of evaluation staff and leadership from across the Department, with expertise in evaluation, evidence-building, statistics, and data policy. The Council and its Capacity Assessment Subcommittee have provided cross-departmental coordination and feedback throughout the process.

6. Engage Key Stakeholders

Agencies are to engage with internal and external stakeholders throughout the process to ensure that the capacity assessment is relevant and meaningful to those with direct interests in the agency's functions. OMB has provided flexibility for agencies to gather input in the manner that best meets their needs and leverages existing activities and/or requirements whenever possible. HHS engaged stakeholders with varying levels and types of expertise and influence across the Department, utilizing existing communication channels and bodies, such as the HHS E&E Council. The E&E Council, and specifically a Capacity Assessment Subcommittee, have supported development of the Capacity Assessment, cross-department coordination, and identification of stakeholders to be engaged. Stakeholders include the three Evidence Act designated officials—the Chief Data Officer (CDO), Evaluation Officer (EO), and Statistical Official (SO)—as well as HHS leadership, operating and staff divisions, and evaluation staff and leadership across the Department. Specific stakeholders are listed below:

- HHS leadership
- Operating and staff divisions
- Chief Data Officer (CDO), Kevin M. Duvall
- Evaluation Officer (EO), Laina Bush
- Statistical Official (SO), Brian Moyer
- Evidence & Evaluation Council
- Capacity Assessment Subcommittee

- Other federal agency Evidence Act leadership and staff
- The Office of Management & Budget

Assessment of Coverage, Quality, Methods, Effectiveness, and Independence of HHS Statistics, Evaluation, Research, and Analysis

HHS has drawn upon existing federal policies and guidance identified in Circular A-11 as well as agency policies and guidance from relevant external entities in developing the HHS Capacity Assessment. The capacity assessment identified existing policies, standards, and practices that require and support the quality, methods, effectiveness, and independence of agency evaluations, statistics, research, and analysis. This was accomplished by a review of agency websites and publications, supplemented by key informant interviews. The results identified current policies, directives, memorandum, and other documents issued by OMB, the Department, and relevant external organizations to ensure quality, appropriate methodology, effectiveness, and independence. Many of these policies and procedures were established in order to comply with legislative and regulatory requirements, such as OMB's Guidelines implementing the Information Quality Act and related Federal guidelines and Memorandum. Current OMB Directives and Guidelines include additional specific practices and procedures that ensure the quality, effectiveness, appropriate methods, and independence of evaluations, statistics, research, and analysis conducted by HHS.

These materials provide or inform a common foundation for agency evaluations, statistics, research, and analysis. Taken as a whole, these complementary requirements contribute to an integrative framework guiding the conduct of Federal evaluations, statistics, research, and analysis to ensure quality, appropriate methods, effectiveness, and independence.

The following documents contain guidance and requirements for federal evaluations, statistics, research, and analysis and provide a foundation for the Department to assess the coverage, quality, methods, effectiveness, and independence of these HHS activities.

- OMB Memorandum M-19-15, *Improving Implementation of the Information Quality Act*
- OMB Memorandum M-19-18, *Federal Data Strategy – A Framework for Consistency*
- OMB Memorandum M-19-23, *Phase I Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Learning Agendas, Personnel, and Planning Guidance*
- OMB Memorandum M-20-12, *Phase 4 Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Program Evaluation Standards and Practices*
- OMB Memorandum M-21-27 *Evidence-Based Policymaking: Learning Agendas and Annual Evaluation Plans*
- OMB Circular A-11, Part 6, Section 290 Evaluation and Evidence-Building Activities
- OMB *Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies*
- OMB *Standards and Guidelines for Statistical Surveys*
- OMB *Guidance on Agency Survey and Statistical Information Collections*
- OMB Statistical Policy Directives, No. 1, 2, and 4
- Paperwork Reduction Act of 1995
- National Academics of Sciences, Engineering, and Medicine. *Principles and Practices for a Federal Statistical Agency, 7th edition.* (Washington, DC: National Academies Press, 2021)

- National Academies of Sciences, Engineering, and Medicine. *Principles and Practices for Federal Program Evaluation: Proceedings of a Workshop* (Washington, DC: National Academies Press, 2017)
- National Academies of Sciences, Engineering, and Medicine. *Fostering Integrity in Research* (Washington, DC: National Academies Press, 2017)
- Federal Committee on Statistical Methodology, *A Framework for Data Quality*
- Presidential Memorandum, *Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking*

HHS Policies and Guidance

- Evaluation Policy for the Department of Health and Human Services (https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//200386/hhs-evaluation-policy.pdf)
- Administration for Children and Families, HHS. *Common Framework for Research and Evaluation* (https://www.acf.hhs.gov/sites/default/files/documents/opre/acf_common_framework_for_research_and_evaluation_v02_a.pdf)
- Administration for Children and Families, HHS. *ACF Evaluation Policy* (<https://www.acf.hhs.gov/sites/default/files/documents/opre/acf-evaluation-policy-november-9-2021.pdf>)
- Center for Disease Control and Prevention, HHS. *Framework for Program Evaluation in Public Health* (<https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>)
- National Institutes of Health, HHS. *NIH Policies and Procedures for Promoting Scientific Integrity* (<https://www.nih.gov/sites/default/files/about-nih/nih-director/testimonies/nih-policies-procedures-promoting-scientific-integrity-2012.pdf>)
- Department of Health and Human Services. *Policies and Principles for Assuring Scientific Integrity* (<https://aspe.hhs.gov/reports/policies-principles-assuring-scientific-integrity>)
- National Center for Health Statistics, HHS. *Statement of Commitment to Scientific Integrity by Principal Statistical Agencies* (https://nces.ed.gov/whatsnew/commissioner/pdf/scientific_integrity_statement.pdf)
- Health Resources and Services Administration, HHS. *Evaluation Guide for HRSA Project Officers* (https://www.healthworkforceta.org/wp-content/uploads/2019/09/Evaluation_Guide_for_HRSA_Project_Officers.pdf)
- Food and Drug Administration Key Principles of Scientific Integrity and Staff Manual Guide, *Scientific Integrity at FDA* (<https://www.fda.gov/media/82932/download>)
- Administration for Community Living, *ACL Evaluation Policy* (<https://acl.gov/sites/default/files/programs/2021-09/ACL%20evaluation%20policy%20Updated%202021.pdf>)
- Indian Health Service, *Evaluation Policy* (<https://www.ihs.gov/dper/evaluation/evaluation-policy/>)
- HHS Information Quality Guidelines (<https://aspe.hhs.gov/reports/hhs-guidelines-ensuring-maximizing-quality-objectivity-utility-integrity-information-disseminated>)

Assessment Area: Coverage of Evaluations, Statistics, Research and Analysis Activities

Statutory Language: a list of the activities and operations of the agency that are currently being evaluated and analyzed 5 USC §306(a)(9)(A)

The capacity assessment includes a list of activities (e.g., programs, initiatives, etc.) and operations (e.g., administrative and support tasks) of the agency that are currently being evaluated and analyzed. OMB Circular A-11 has indicated that the list of activities provides information on the coverage within the agency, describing what efforts are ongoing and where these efforts are within the agency. HHS conducts a substantial number of evaluations, statistical, research and analysis activities and not all are included here. For purposes of providing a meaningful list that demonstrates the coverage of these activities, specific examples were selected that highlight the missions and scope of programs across the Department. Excluded from the list are audits and investigations, market research, customer satisfaction research, budget analysis and Enterprise Risk Analysis. The table in Appendix A provides the list of activities in HHS by title and type of activity.

The majority of activities in Appendix A fall under the purview of the Paperwork Reduction Act and have been reviewed and approved by OMB for the collection of information associated with the activity. More detail and information on the purpose and use, methodology, and instruments used for data collection is available on the [Information Collection Review](#) site from OMB. For purposes of describing the activities in this table, the following definitions found in statute or regulations were used:

Evaluation: The *Foundations for Evidence-Based Policymaking Act* describes evaluation as an assessment using systematic data collection and analysis of one or more programs, policies, and organizations intended to assess their effectiveness and efficiency. Evaluation involves the systematic collection and analysis of information about the characteristics and outcomes of the program, including projects conducted under such program, as a basis for making judgments and evaluations regarding the program; improving program effectiveness; and informing decisions about current and future programming. Evaluation activities in the list include process evaluations, formative evaluations, outcome/impact evaluations, and descriptive studies (OMB M-18-04; OMB M-19-23; OMB M-20-12).

Statistical activities: The collection, compilation, processing, or analysis of data for the purpose of describing or making estimates concerning the whole, or relevant groups or components within, the economy, society, or the natural environment; and includes the development of methods or resources that support those activities, such as measurement methods, models, statistical classifications, or sampling frames (44 USC § 3561(10)). Statistical activities in the list include data collection, measurement, and methodological activities.

Research and analysis: Federal regulations under 45 CFR §46.102 define research as a systematic investigation, including development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Research and analysis activities may overlap with other activities (e.g., statistics and evaluation) depending on methods and purpose, and include: foundational fact finding, research and development activities, and policy and program analysis.

With its 11 operating divisions, HHS administers a broad range of health and human services and fosters sound, sustained advances in the sciences underlying medicine, public health, and social services. This list of activities that are currently being evaluated and analyzed (a) provides information on the coverage of efforts across HHS and (b) informs the assessment of the extent to which these activities

meet the needs of the Department. The HHS FY 2022-2026 Strategic Plan includes five priority areas that the activities above cover: 1) Health Care: Protect and Strengthen Equitable Access to High Quality and Affordable Health Care; 2) Public Health: Safeguard and Improve National and Global Health Conditions and Outcomes; 3) Human Services: Strengthen Social Well-being, Equity, and Economic Resilience; 4) Research & Evidence: Restore Trust and Accelerate Advancements in Science and Research for All; and, 5) Management: Advance Strategic Management to Build Trust, Transparency, and Accountability.

Some activities in the list above address multiple priority areas. For example, the Centers for Disease Control and Prevention (CDC) Public Health Science Agenda for COVID-19 guides the development of the evidence base needed to strengthen the public health actions, guidance, and policy essential to limit the spread and impact of SARS-CoV-2. In addition to specific clinical actions, the science agenda includes focused efforts on surveillance, epidemiologic investigations, and mathematical modeling. This agenda is pursuing multiple lines of research, including assessments of different types of specimens, assays, serial testing strategies and additional research and analytic efforts to advance the understanding of COVID-19 and mitigate its impact. This effort supports the priority area of Research and Evidence as well as the Public Health priority area, and includes evaluation, statistical, research and analytical activities. Other activities address a single priority area, such as CMS's Evaluation of the Value-Based Insurance Design Model which addresses the Health Care priority area.

Assessment Area: Quality of Evaluations, Statistics, Research and Analysis Activities

The assessment area of quality is described in OMB Circular A-11 as whether the data that are used are of high quality with respect to utility, objectivity, and integrity. Objectivity, utility, and integrity are components of a basic standard of quality as outlined in [OMB's Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies](#). They also serve as the domains of data quality in the Federal Committee on Statistical Methodology's Framework for Data Quality.

HHS guidelines implementing OMB requirements under the Information Quality Act (Pub. L. 106-555, section 515) serve to ensure and maximize the quality, objectivity, utility, and integrity of information disseminated by federal agencies. These guidelines ensure that disseminated information meets a certain level of quality, and that more important information meets a more rigorous quality standard. The guidelines pertain to agency information that is disseminated to the public, and the internal processes for the quality of information, methods and approaches that are used in the Department's evaluations, research, analysis, or statistical reporting.

Evaluations

Evaluation as defined in the *Foundations for Evidence-Based Policymaking Act* ([Public Law 115-435](#)) means an assessment using systematic data collection and analysis of one or more programs, policies, and organizations intended to assess

POLICIES & GUIDANCE FOR QUALITY OF HHS EVALUATIONS, STATISTICS, RESEARCH & ANALYSIS

OMB Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies

Paperwork Reduction Act Requirements

their effectiveness and efficiency. HHS issued the [Evaluation Policy for the Department of Health and Human Services](#) to affirm and implement the Department's commitment to systematic evaluations of programs and services that are of high-quality and support decision-making build on evidence. This policy was strongly guided by OMB's memorandum M-20-12 on [Program Evaluation Standards and Practices](#) which are designed to improve the quality and use of evaluations across Federal agencies.

The standards and practices issued by OMB for federal program evaluations have been disseminated across the Department to improve HHS program evaluations and inform evaluation staff as they implement Evidence Act requirements. The issuance of the standards, and the release of the HHS Evaluation Policy, are moving the Department to continued improvements in the quality of agency evaluations.

Evaluation at HHS is conducted across the Department to ensure program, policy, and organizational quality as well as to develop evidence to inform the development of new programs, policies, and organizations within HHS. The Evaluation Officer of HHS is situated in the Office of the Assistant Secretary of Planning and Evaluation (ASPE) in the Office of the Secretary of HHS. However, evaluations and support for evaluators at HHS occur throughout the agency as operating and staff divisions can include evaluation support staff, evaluation directors, and evaluators. Both the evaluation staff and the evaluations vary across HHS in terms of maturity and capacity, depending upon agency mission, budget, and priorities. The Evaluation Officer provides support to staff and operating divisions in the form of coordination and dissemination of best practices through the Evidence and Evaluation Council.

HHS ensures a high standard of evaluation quality through culture, policy, and a skilled and qualified staff. HHS has a culture and history of maintaining quality research, analysis, statistics, and evaluation. HHS evaluation staff members are proud to uphold the scientific reputation of HHS. Many evaluation staff are active members of professional associations such as the American Evaluation Association, and HHS encourages staff to participate in trainings, conferences, and professional associations. The capacity assessment survey found that nearly all the Operating Divisions (OpDivs) and Staff Divisions (StaffDivs) participating in the Capacity Assessment Survey stated that their organization communicated with external stakeholders through training and technical assistance, expert and stakeholder consultation, Federal Advisory Committees, and other conferences and events. Additionally, the vast majority of all survey respondents, including respondents at every staff and operating division, expressed belief that staff are encouraged to actively ask questions, gather information, and think critically about how to improve their own work.

Some OpDivs in HHS have developed additional policies and procedures to ensure quality of evaluation activities. For example, the [CDC Evaluation Resources and Tools](#) include best practices and strategies, logic models, health communication tools, health impact assessments, data resources, indicators, and measures for evaluations to assist federal staff, states, and grantees. In addition, CDC utilizes a set of 30 standards that assess the quality of evaluation activities, determining whether a set of evaluative activities are well-designed and working to their potential. These standards were adopted from the [Joint Committee on Standards for Educational Evaluation](#). In addition, CDC has [Evaluation Guidelines and Recommendations](#) to inform evaluation planning and implementation in order to increase the use of evaluation data for continuous program improvement throughout the agency.

Statistics

Statistics produced across HHS provide information that is used to inform decisions regarding policy and program needs, improvements and effectiveness. The principal federal statistical agency for health at HHS is the CDC's National Center for Health Statistics (NCHS), whose activities are predominantly the collection, compilation, processing, or analysis of information for statistical purposes as defined by the Evidence Act (44 U.S.C. 3561(10)). HHS also relies upon statistics produced by a substantial number of programs across the Department that are engaged in statistical activities and other evidence-building functions.

NCHS has applicable quality requirements specific to Federal statistical agencies, and OMB's Statistical and Science Policy Office, headed by the U.S. Chief Statistician, coordinates the activities of the Federal Statistical System. This coordination ensures the efficiency and effectiveness of the system, as well as the relevance, accuracy, objectivity, and confidentiality of information collected for statistical purposes. In this role, OMB's Statistical Policy Directives provide support for the quality of statistical information. OMB's Statistical Policy Directive No. 1, *Fundamental Responsibilities of Federal Statistical Agencies and Recognized Statistical Units* affirms the responsibilities of Federal statistical agencies in the design, collection, processing, editing, compilation, storage, analysis, release, and dissemination of statistical information.

NCHS is also guided by the National Academies of Sciences, Engineering, and Medicine's *Principles and Practices for a Federal Statistical Agency*.¹ These include principles regarding the relevance of statistical information, that it be objective and accurate, and a commitment to quality and professional standards of practice.

In assuring quality, NCHS and other statistical programs in HHS must comply with guidelines for Information Quality, and NCHS also conducts assessments of data quality as a routine practice. In addition, the Paperwork Reduction Act provides an assurance of certain quality requirements in order to obtain approval from OMB to conduct information collections associated with statistical activities. Taken together, the policies, documents, and requirements mentioned here provide a common foundation to ensure the quality of statistical activities and guide the production of statistics produced by HHS.

As the principal federal statistical agency for health, NCHS routinely conducts assessments of the quality of data and statistics produced by the agency. Examples include a [Preliminary Evaluation of Nonresponse Bias Due to the COVID-19 Pandemic on National Health Interview Survey Estimates, April-June 2020](#) and [Assessing Linkage Eligibility Bias in the National Health Interview Survey](#).

Our review found that the major programs conducting statistical activities across HHS produce publications and presentations that disseminate information on data quality, statistical briefs, methodological reports, and documentation. These include reports providing information on sample design for surveys, data collection procedures, major aspects of data processing such as the development of analytic weights, as well as information on statistical measures and tests, suppression criteria, and analytic guidelines.

¹ <https://www.nationalacademies.org/our-work/7th-edition-of-principles-and-practices-for-a-federal-statistical-agency>

Research and Analysis

HHS currently uses a variety of methods and procedures designed to maximize the quality, accuracy, objectivity, and utility of research, analyses, and scientific information disseminated by the Department. These procedures include requirements for transparency regarding data, sources, methods, measures, assumptions, and limitations as well as peer review, where appropriate, along with processes for internal agency review.

Research and scientific study findings disseminated by HHS are subject to an external, objective peer review at both the inception stage and the pre-dissemination stage as part of the publication process in peer-reviewed journals. Substantive reports from HHS statistical activities undergo a quality review process within their organizations before they are released, including internal and/or external review by qualified scientists and statisticians, and, in some cases, external peer review. Results of evaluation activities are released to the public only after agency management has taken steps to evaluate the quality, accuracy and completeness of the report

In addition to HHS requirements, individual OpDivs have their own policies and procedures to ensure the scientific integrity of research. For example, NIH ensures the quality and integrity of its funded research by developing, implementing, coordinating, and overseeing policies and procedures that provide priorities and standards for the critical processes involved in issuing and monitoring research conducted under NIH awards. The NIH Intramural Research Program conducts research, training, and technology transfer within its own laboratories and clinics. To help ensure the high quality and integrity of its intramural programs, NIH has implemented NIH-wide policies and review standards for intramural research, training, and technology transfer.

HHS also utilizes resources maintained by the federal government for assisting agencies with efforts to ensure the quality of research and analysis activities. The Federal Committee on Statistical Methodology (FCSM) is one source that provides guidance and publications for agencies on a number of methodological and statistical issues that affect the quality of federal data that are used for research and analysis.

Assessment Area: Methods in Evaluations, Statistics, Research and Analysis Activities

The assessment of methods used for evaluations, statistics, research and analysis is to determine what methods are being used and whether they incorporate the necessary level of rigor and whether those methods are appropriate for the activities to which they are being applied.

Evaluations

Under [OMB's Program Evaluation Standards](#), the standard "Rigor" notes that Federal evaluations must produce findings that Federal agencies and their stakeholders can confidently rely upon, while providing clear explanations of limitations. The quality of an evaluation depends on the underlying design and methods, implementation, and how findings are interpreted and reported. Credible evaluations must be managed by qualified evaluators with relevant education, skills, and experience for the methods undertaken. An evaluation must have the most appropriate design and methods to answer key questions, while balancing its goals, scale, timeline, feasibility, and available resources.

Individual staff and operating divisions in HHS have evaluation units, teams, or support staff to ensure that proper methods are used and that evaluation is conducted in a quality, effective, and independent manner. For many HHS evaluations, a Paperwork Reduction Act Information Collection Request must be submitted to OMB, making information on the methods, purpose, proposed analysis, and use publicly available on [reginfo.gov](https://www.reginfo.gov). There is variation in the extent to which OpDivs have evaluation capacity.

Certain OpDivs have well-established evaluation units with extensive expertise and experience, often providing training and resources to other operating divisions within the Department. ACF's Office of Planning, Research, and Evaluation (OPRE) is an example of an operating division that has a centralized evaluation office and its own evaluation policy (in compliance with the HHS Evaluation Policy). OPRE has a well-established evaluation program, with published research and evaluation agendas for specific programs and offices, to conduct a broad range of rigorous empirical studies. OPRE provides guidance, analysis, technical assistance, and oversight to ACF programs on research and evaluation methods guided by ACF's Evaluation Policy, of which rigor is a key principle in the conduct of evaluations. OPRE has strengthened the capacity of ACF to conduct high-quality evaluations based on rigorous and sound methods.

The Evaluation Unit in CDC's Program Performance and Evaluation Office (PPEO) also sets standards and expectations for agency-wide evaluations pertaining to quality, methods, and utility. PPEO provides tools and technical assistance to enhance evaluation efforts, and also provides support for evaluation capacity-building across CDC programs. This includes support and resources for agency evaluations regarding the development of evaluation designs and methods. CDC requires evaluation research designs and data collection procedures to best match the evaluation questions and the purpose and use of the information.

In addition to the program evaluation standards and practices issued by OMB and the subsequent HHS Evaluation Policy, the release of a recent Presidential memorandum and guidance provides HHS with additional support and direction aimed at improving evaluation capacity, and strengthening the methods used in evaluation activities. The Presidential Memorandum, *Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking* and OMB's *Evidence-Based Policymaking: Learning Agendas and Annual Evaluation Plans* require that scientific integrity principles be incorporated into agency evidence-building plans and annual evaluation plans. These documents affirm that evaluations are scientific activities and as such require the use of appropriate methods which can include a broad range of approaches. These memos also contribute to improving evaluation activities in HHS and guiding the development and conduct of evaluations, including the selection of designs and methods.

Statistics

Sound methodology underpins quality statistics, and this requires adequate tools, procedures and expertise. Appropriate statistical procedures and methods that are implemented from data collection to data validation are fundamental to the production of quality statistics.

STATISTICAL ACTIVITIES: POLICIES & GUIDANCE FOR METHODS

The capacity assessment review of agency websites and publications, supplemented by key informant interviews, identified existing policies, standards, and practices that support and require appropriate methods for the production of agency statistics. These policies, procedures, and statements have been established and issued by the statistical programs across HHS to ensure quality and the use of appropriate methods. Many of these policies and procedures were established in order to comply with legislative and regulatory requirements, such as OMB's *Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies* and related guidelines and memorandum. Current OMB Directives and Guidelines include additional specific practices and procedures for statistical agencies and recognized statistical units that support appropriate methods for statistical products.

NCHS and other statistical programs in HHS apply sound statistical methods to ensure statistical products are accurate. These programs maintain and develop in-house staff who are trained in statistical methodology to properly plan, design, and implement core data collection operations and to accurately analyze their data.

(OMB *Government-wide Information Quality Guidelines; CIPSEA Implementation Guidance*, 33362 at 33371; *OSTP Memorandum of December 17, 2010; Principles and Practices*, p. 70). Important guidance for statistical surveys is found in OMB's *Standards and Guidelines for Statistical Surveys* (71 FR 55522, Sept. 22, 2006) as well as in OMB's *Standards and Guidelines for Cognitive Interviews* (81 FR 29108, May 10, 2016).

Information on methods used by HHS' statistical agency, NCHS, is disseminated on a routine basis to ensure transparency and inform the public regarding approaches used for data collection, sampling, analysis, and other factors. Examples include reports such as, the [National Health and Nutrition Examination Survey Sample Design and Estimation Procedures](#) and [Using SAS/STAT to Understand the NCI Joinpoint Regression Software: Testing for a Zero Slope Using Rates of Drug Overdose Deaths Involving Fentanyl](#).

HHS' recognized statistical unit, the Center for Behavioral Health Statistics and Quality (CBHSQ) in the Substance Abuse and Mental Health Services Agency (SAMHSA) also publishes reports on methodology, such as the [2019 Methodological Summary and Definitions](#) for the National Survey on Drug Use and Health (NSDUH).

Interviews conducted with the designated officials under the Evidence Act identified the use of appropriate methods as a strength in HHS statistical activities, with a mature history of established procedures and processes, due in great part to OMB's statistical policies and requirements under the Paperwork Reduction Act.

OMB Statistical Policy Directives

Principles & Practices for a Federal Statistical Agency

OMB Standards & Guidelines for Statistical Surveys

Information Quality Guidelines

Standards & Guidelines

Research and Analysis

HHS relies upon research, analysis, and scientific data to inform decisions and guide the development of policies and programs that serve the public. Research and analysis in HHS are conducted using appropriate methods and procedures, including a broad range of methodological approaches such as randomized control trials, survey research, qualitative research, pilot studies, and other methods. Methods vary across the HHS operating divisions and programs depending on agency and program missions, authorities, purpose, and use of results from research and analysis. Within HHS, certain OpDivs, such as NIH, CDC, and FDA, have strong programs conducting and funding research and analytic activities, and these agencies employ methods consistent with widely accepted scientific principles and practices. NIH, for example, is the steward of medical and behavioral research for the Nation with a mission to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH therefore has a long history of the application of appropriate methods and standards to their research and analysis efforts.

Furthermore, information from research studies supported by NIH guide the transformation of clinical and translational science programs to speed the delivery of new drugs, diagnostics, and medical devices resulting from laboratory studies to patients. NIH has published Research Methods Resources to help investigators satisfy the agency's clinical research requirements for randomized trials or to deliver other scientific interventions to groups. In addition, NIH launched a series of initiatives to increase the accountability and transparency of clinical research, targeting key points that include design and methods. These include Basic Experimental Studies Involving Humans, and has criteria for interventions, measurement, and study design. To improve stewardship over clinical trials, NIH launched the Clinical Trial Definition which advances the design, conduct, and oversight of clinical trials and elevates transparency and accountability.

The best available scientific research and data is used by CDC to develop strategies, guidance and recommendations used by partners in practice to promote and ensure a healthy population, to determine the best course of action in response to events, and to determine effectiveness of programs. HHS also uses findings from research and evaluations to advance patient care; for example, by determining the effectiveness of health information sites geared toward particular populations of interest and the providers who serve them.

As a best practice, FDA issues guidance to ensure quality of research that is used to support data-informed decision-making and provide direction for adopting appropriate methods and approaches. For instance, FDA issued guidance in 2019 for its staff, industry, and other stakeholders on research methods for medical product development studies that identify patients' perceptions of care. This includes the use of quantitative, qualitative, and mixed methods. For research specifically related to radiation exposure from medical imaging, the FDA is currently developing methods to estimate the dose reductions that can be achieved using iterative image reconstruction algorithms.

Assessment Area: Effectiveness of Evaluations, Statistics, Research and Analysis Activities

Effectiveness is described in OMB Circular A-11 as "the extent to which the agency evaluations and evidence activities meet the needs of the various divisions within the agency and appropriately balance

across those needs.” The priority learning questions in the HHS Evidence-Building Plan and Annual Evaluation Plan describe the needs of the agency, and together, these plans provide a comprehensive description of the planned and ongoing efforts in HHS to build evidence relevant to those questions and needs. Of the five priority areas for the Department, the activities are meeting the needs of the divisions and programs for four of them: Health Care, Human Services, Research & Evidence, and Public Health. Only a limited number of activities in the list above address the fifth priority area of Management.

Evaluation

Priority questions in Health Care are directed towards the impact of HHS programs and policies that expand access to quality health care coverage and services, as well as the effectiveness of HHS programs and policies in expanding access to health services and on strengthening the primary and preventive care workforce. NIH’s Evaluation of the program [Enhancing the Diversity of the NIH-Funded Workforce](#) will assess transformative and innovative approaches to strengthening institutions and faculty dedicated to the engagement, training, and retention of diverse biomedical scientists.

For priority questions in Public Health, evaluation activities are aimed at safeguarding and improving national and global health conditions and outcomes. This includes examining HHS’ capabilities to predict, prepare for, and respond to public health emergencies and threats in the nation, such as ASPE’s evaluation of the effects of COVID-19 on residents in long-term care facilities to better prepare for future long-term care needs. Priority questions in Human Services focus on strengthening social well-being, equity, and economic resilience.

ACF’s OPRE research and evaluations are targeted to multiple program areas that address these questions. For example, the [Evaluation of Employment Coaching for TANF and Related Populations](#) evaluates interventions that apply coaching practices to promote job entry and retention among TANF populations and other low-income individuals. The [Building Evidence on Employment Strategies for Low-Income Families Project](#) targets priority questions in Human Services, and strengthens our understanding of effective interventions aimed at supporting low-income individuals to find jobs, advance in the labor market, and improve their economic security. In addition, addressing child well-being is part of the Human Services priority, and includes the [Expanding Evidence on Replicable Recovery and Reunification Interventions for Families](#) evaluation. This evaluation replicates an intervention wherein parents engaged in the child welfare system due to substance use disorders may access recovery coaches. Previous research showed that parents who worked with recovery coaches had more favorable parental recovery outcomes and shortened time to reunification.² See: <https://www.acf.hhs.gov/sites/default/files/documents/opre/R3-recovery-coaching-march-2021.pdf>

Evaluation activities conducted by CMS address priority questions in Health Care and Human Services. CMS is evaluating the Maternal Opioid Misuse (MOM) Model, a program to address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By

² Francis, Kimberly, Jessica Thornton Walker, Jill Hamadyk, and Sandra Jo Wilson (2021). *Recovery Coaching Interventions for Families Involved with the Child Welfare System: Moving Toward Evidence-Based Practices*, OPRE Report 2021-53. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.

HHS evaluations are meeting the needs of the various divisions, offices, and programs across the Department. Most are targeting questions in the priority areas of Health Care, Public Health, Human Services, and Research and Evidence, with fewer activities focused on Management. However, the substance of the activities addressing questions in the Management area directly focus on advancing strategic management to build trust, transparency, and accountability, such as SAMHSA's review of Performance Measurement for their discretionary grants that will assess outcome measures used for multiple grant programs and ASPR's evaluation of the supply chain data feeds for their Supply Chain Control Tower to support all-hazard's response beyond COVID.

Statistics

HHS' statistical activities directly inform priority areas of Public Health, Health Care, Human Services, and Research and Evidence. Statistical data collections such as NCHS' [National Health Interview Survey](#) and the [National Health and Nutrition Examination Survey](#) provide accurate and objective information on health insurance coverage, access to care, utilization of services, health behaviors, and medical conditions, all of which target priority questions in the areas above. Statistics produced from the [National Vital Statistics System](#) effectively meet the needs of multiple divisions, offices, and programs and provide data to answer priority questions in Public Health and Health Care. For example, mortality statistics provided early warnings of the drug overdose crisis and are used to inform programs regarding the specific drugs involved in drug overdose deaths and where these deaths occur. During the COVID-19 pandemic, COVID-related death data have provided critical information to guide decision-making and to inform programs and mitigation strategies. And the [Vital Statistics Rapid Release Program](#) effectively addresses priority questions in Public Health, Health Care, and Research and Evidence, with innovative methods that provide early release of provisional estimates of COVID-related deaths as well as excess mortality from the virus. The independence of the statistical agency and the principles of scientific integrity that guide its activities support the Research and Evidence area and goals of restoring trust in government by providing statistical information that is free from undue or inappropriate influence.

Statistical activities conducted by HHS' recognized statistical unit, SAMHSA's CBHSQ, such as the [National Survey on Drug Use and Health](#) meet the needs of different divisions and address priority areas in Health Care, including the extent to which HHS programs and policies strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families. Statistical programs such as the [Medical Expenditure Panel Survey](#) conducted by the Agency for Healthcare Research and Quality (AHRQ) provide statistical information to address priority areas of Health Care, Public Health, and Research and Evidence. Other statistical programs across HHS conduct statistical activities that effectively meet the needs of the programs and divisions which they serve.

Research and Analysis

Priority questions from the Evidence-Building Plan and Annual Evaluation Plan in the area of Research and Evidence focus on restoring trust and accelerating advancements in science and research for all. HHS has a number of activities that address the priority questions in this area. The [NIH Strategic Response to COVID-19](#) has the priorities of advancing research to improve detection, supporting

research to advance treatment, and accelerating research to improve prevention. Key areas of scientific inquiry in disease detection, transmission, prevention, mitigation, and social and behavioral sciences are included in the CDC Public Health Science Agenda for COVID-19. Efforts under this agenda will focus on surveillance, epidemiologic investigations, mathematical modeling; the development of laboratory diagnostics, the protection of patients and workers, and community mitigation strategies.

Research and evaluation activities conducted by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDIRRR) in the Administration for Community Living (ACL) address priority questions in Human Services, Health Care, Public Health, and Research and Evidence. In addition, ACL's [Disability and Rehabilitation Research Program](#) conducts research and demonstration projects to maximize the full inclusion and integration of individuals with disabilities into society, employment, independent living, and family support; to promote economic and social self-sufficiency; and to improve the effectiveness of services authorized under the Rehabilitation Act. These activities inform the Department's priority questions in several areas: Human Services, Public Health, Research and Evidence, and Health Care.

In addition, ASPE, in partnership with HHS agencies and offices, coordinates a portfolio of intradepartmental projects that build data capacity for conducting patient centered outcomes research (PCOR). This research is designed to produce new scientific evidence that informs and supports health care decisions, and addresses priority areas for research and evidence, effectively meeting the needs of multiple divisions within HHS.

Assessment Area: Independence of Evaluations, Statistics, Research and Analysis Activities

OMB Circular A-11 indicates that the assessment of independence of agency activities is to describe the extent to which the activities being carried out are free from bias and inappropriate influence. The independence of federal evaluations, statistics, research, and analysis is supported in HHS by the 2009 Presidential Memorandum on [Scientific Integrity](#), the 2010 [Office of Science and Technology Policy Memo on Scientific Integrity](#), and [HHS Scientific Integrity Policies and Principles](#). In addition, the 2021 Presidential Memorandum [Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking](#) affirms and lends further weight to well-established principles of scientific integrity that include independence from undue influence and apply to agency evaluations, statistics, research, and analysis.

Evaluation

Independence is one of the standards required in M-20-12 for federal program evaluations. Federal agencies should enable evaluators to, and evaluators should, operate with an appropriate level of independence from programmatic, regulatory, policymaking, and stakeholder activities. The implementation of evaluation activities, including how

GUIDANCE FOR INDEPENDENCE

OMB Program Evaluation
Standards and Best Practices

Principles & Practices for Federal
Statistical Agencies

Scientific Integrity Principles

Presidential Memos on Scientific
Integrity

evaluators are selected and operate, should be appropriately insulated from political and other undue influences that may affect their objectivity, impartiality, and professional judgement. One practice that supports this independence is the establishment and maintenance of policies and procedures to ensure that evaluation offices and staff have authority to approve evaluation designs and methods and release evaluation findings to safeguard against bias. The HHS Evaluation Policy affirms the OMB standards and supports independence as a standard for evaluation activities.

Within HHS, certain operating divisions have established evaluation offices with clear roles and responsibilities that operate independently from other agency functions such as regulatory, program, and policymaking activities. Examples include CDC's Program Performance and Evaluation Office (PPEO), ACF's Office of Planning, Research, and Evaluation (OPRE), FDA's Office of Planning and Evaluation, HRSA's Office of Planning, Analysis and Evaluation (OPAE), IHS' Division of Planning, Evaluation, and Research (DPER), ACL's Center for Policy and Evaluation, NIH's Office of Evaluation, Performance, and Reporting (OEPR), and SAMHSA's Office of Evaluation (OE). These offices, centers, and divisions share evaluation standards and best practices and work to improve evaluation activities both within their respective OpDivs and across HHS.

For example, ACF's OPRE has noted that independence is a core principle of evaluation and that evaluation functions must be insulated from undue influence and bias, in actuality as well as in appearance. To promote this, ACF protects independence in the design, conduct, and analysis of evaluations by conducting evaluations through the competitive award of grants and contracts to external experts who are free from conflicts of interest. The director of OPRE reports directly to the Assistant Secretary for Children and Families and has authority to approve the design of evaluation projects and analysis plans and approve, release, and disseminate evaluation reports (79 FR 51574).

Statistics

Statistical agencies and recognized statistical units embrace a common set of professional standards and operational practices designed to ensure the quality, integrity, and credibility of their statistical activities. Implementation of these professional standards involves a wide range of managerial and technical challenges. Practical guidance to accomplish this is found in the National Academies' [Principles and Practices for a Federal Statistical Agency](#). One of the five principles is Independence from Undue Political and Other External Influence in developing, producing, and disseminating statistics. These principles, in tandem with other documents such as [OMB's Statistical Policy Directive No. 4](#), provide direction and guidance for the actual and perceived independence of statistical agencies to ensure public trust in the credibility, accuracy, and integrity of federal statistics.

Federal statistical agencies and recognized statistical units must function in an environment that is clearly separate and autonomous from the other administrative, regulatory, law enforcement, or policy-making activities within their respective Departments. In HHS, consistent with its authorities, NCHS conducts statistical activities autonomously in terms of determining what information to collect and process, the physical security and information systems security employed to protect confidential data, which methods to apply in their estimation procedures and data analysis, when and how to store and disseminate their statistical products, and which staff to select to join the agency. In these ways, NCHS assures the independence of the design, collection, production, analysis, and dissemination of health statistics.

Research and Analysis

Independence is a fundamental principle of scientific integrity; research and analysis must be free from bias and undue influence. Several HHS OpDivs have long-standing and well-established research programs and have policies and procedures to ensure independence of these activities. Among other agencies, NIH, CDC, and FDA are examples of OpDivs with such policies and procedures due to their science-related missions and mandates.

One example is the FDA's support for biomedical and behavioral research to provide scientific data to inform regulation of tobacco products to protect public health. This research requires independence and objectivity as research results are expected to generate findings and data that are directly relevant in informing the FDA's regulation of the manufacture, distribution, and marketing of tobacco products to protect public health. Other FDA research is conducted in collaboration with NIH and aims to increase and maintain a strong cohort of talented, independent investigators conducting research that will inform the development and evaluation of tobacco product regulations. FDA partners with NIH and CDC in support of independent research where the results will be to the benefit of each agency. Requirements for independence in research are found in each agency's scientific integrity policies and procedures.

In addition to scientific integrity policies, certain standard of conduct and procedures ensure independence in research and analysis. NIH delineates the roles of extramural staff members to avoid conflicts. As a result, no member of the NIH extramural staff may serve as a reviewer on an NIH review panel, and no member of the NIH review staff may participate in review functions and portfolio management in the same scientific area. Furthermore, input from individual extramural research staff into the process is restricted: an individual may not participate in both an application's initial peer review and advisory council review.

Further, NIH requires grantees to establish safeguards to prevent employees, consultants, members of governing bodies, and others who may be involved in grant-supported activities from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private or financial gain for themselves or others, such as those with whom they have family, business, or other ties. These safeguards must be reflected in written standards of conduct.

Since the passage of the Evidence Act, evaluation, research, and analysis activities have been highlighted for their value and critical agency functions and have emphasized the application of standards and the principles of scientific integrity in evidence-building activities for all HHS operating divisions. For example, HRSA's Rural Health Research Center program conducts research to better understand problems faced by rural communities and to inform population health improvement efforts, including health care access and delivery. Entities that are funded under this program apply principles of scientific integrity in their research efforts.

The Indian Health Service (IHS) has partnered with NIH on the Native American Research Centers for Health program to accomplish scientific goals and conduct biomedical, behavioral, and health services research in partnership with American Indian/Alaska Native tribes or tribally-based organizations. Multiple partners support, review, and oversee these efforts to ensure independence and promote the integrity of the research.

The extent to which the evaluations, research, and analysis efforts and related activities of the agency support the needs of various divisions within the agency (5 USC §306(a)(9)(B))

As described above, the evaluation, research, and analysis efforts of HHS address the needs of various divisions, offices, and programs in terms of quality and effectiveness. HHS supports quality through the development of policies and standards such as the HHS Information Quality Act guidelines, the HHS Evaluation Policy, and research and analysis quality standards. The agency supports effectiveness at HHS through data source development and policy, legal, and administrative support.

The statistical activities of NCHS, for example, directly support the statistical data needs of divisions across HHS. The statistical data from NCHS has supported research and analysis across HHS divisions and largely meets the needs of those divisions. NCHS has collaborations and partnerships across HHS in order to coordinate the collection of information to meet a variety of information needs. For instance, the list of activities and operations that HHS is currently evaluating and analyzing includes several statistical collections with input from multiple Institutes within NIH and Centers within CDC and FDA on topics such as tobacco and tobacco-related product use, nutrition, prescription drugs, environmental exposures, medical conditions, and health service utilization. Efforts are underway with the goal improving timeliness and specificity—including geographic and demographic specificity—of key data sets. Resource constraints limit the extent to which data sets can be improved over time.

The staff divisions within the Office of the Secretary of HHS, provide a great deal of support to OpDivs through rigorous evaluation, research, and analysis efforts. The HHS Office of the General Counsel's support includes legal analyses of guidance, regulation, and legislation. The Office of the Assistant Secretary for Financial Resources (ASFR) provides analytical support and recommendations to the HHS Secretary in the areas of budget, performance, and program policy. The Office of the Assistant Secretary for Administration (ASA) conducts evaluations of business practices. The Office of the Assistant Secretary of Planning and Evaluation (ASPE) provides policy research, evaluation, and economic analysis to support the Department. The Office of the Inspector General (OIG) conducts analyses and evaluations in its oversight role of promoting the economy, efficiency, effectiveness, and integrity of HHS programs.

Departmental analysis laid out in the Strategic Plan and Evidence-Building Plan support and coordinate efforts of divisions in achieving key priorities of HHS. Agency level evaluations, research, and analysis efforts also support cross-cutting issues, major department-level goals, and time sensitive priority issues. Long-term goals are identified through HHS' strategic planning and Evidence Building Plan processes. Every four years, HHS updates its strategic plan, which describes its work to address complex, multifaceted, and evolving health and human services issues.

An agency strategic plan is one of three main elements required by the Government Performance and Results Act (GPRA) of 1993 (Pub. L. 103–62) and the GPRA Modernization Act of 2010 - PDF (Pub. L. 111–352). HHS' strategic plan defines its mission, its goals, and the means by which it will measure its progress in addressing specific national problems over a four-year period. OMB Circular A-11, Preparation, Submission, and Execution of the Budget, Part 6, Strategic Plans, Annual Performance Plans, Performance Reviews, and Annual Program Performance Reports provide guidance on the strategic planning process. In addition to the four-year strategic plan, the agency sets additional, shorter

term goals. In particular, HHS’ Agency Priority Goals are performance measures monitored by the Department that support the Department’s Priority Goals. These goals are a set of ambitious but realistic performance objectives that the Department will work to achieve within a 24-month period. Agency Priority Goals support and align with the Strategic Goals and Objectives of the HHS Strategic Plan. The GPRA Modernization Act requires the inclusion of these Priority Goals in the Department’s Strategic Plan and Annual Performance Plan.

In addition, the activities listed in the HHS Evidence-Building Plan and Annual Evaluation Plan target key questions in the five priority areas for the Department: Health Care, Public Health, Human Services, Research and Evidence, and Management. The table below provides information on the activities for these priority areas, and some activities address multiple priority areas.

FY22-26 HHS Strategic Goals	Activities from Plans
Health Care: Protect and Strengthen Equitable Access to High Quality and Affordable Health Care	25
Public Health: Safeguard and Improve National and Global Health Conditions and Outcomes	16
Human Services: Strengthen Social Well-Being, Equity, and Economic Resilience	11
Research and Evidence: Restore Trust and Accelerate Advancement in Science and Research for All	18
Management: Advance Strategic Management to Build Trust, Transparency, and Accountability	10

Time sensitive priority issues are also addressed at the agency level on an ad hoc basis. For example, during the COVID-19 public health emergency, ASPE has coordinated research to better understand vaccine hesitancy. This research has supported cross-departmental best practices and efforts to support vaccine access and community health and stop the spread of COVID-19. Need for ad hoc agency level work is identified by department leadership or brought forward by divisions in coordination forums. The HHS Evidence & Evaluation Council and Data Council provide two such forums. In each of these forums, division leaders and staff can identify cross-cutting issues. When sufficient need is identified, these Councils form workgroups to address those issues.

There is still opportunity to improve coordination to ensure that evaluation, research, and analysis efforts are undertaken when they are appropriate and that those efforts meet the needs of divisions. The structure of HHS into operating and staff divisions with varied missions does not facilitate easy coordination and identification of cross-cutting challenges. The strategic planning, evidence building, planning, and agency forums provide avenues to support divisions. However, additional resources or pathways would be beneficial in identifying division needs for agency-level evaluations, research, and analysis. Further, agency-level support and initiatives have, at times, lacked a process that allows for divisions to provide feedback on the extent to which agency level support and initiatives have supported their needs. All three Evidence Act officials expressed during interviews that there is room for improvement in terms of the agency supporting division needs.

The extent to which the evaluation, research, and analysis efforts and related activities of the agency address an appropriate balance between needs related to organizational learning, ongoing program management, performance management, strategic management, interagency and private sector coordination, internal and external oversight, and accountability (5 USC §306(a)(9)(C))

The areas of organizational learning, ongoing program management, performance management, strategic management, interagency and private sector coordination, internal and external oversight, and accountability are typically managed through a number of separate processes.

Organizational learning and ongoing program management are intertwined and occur throughout the organization as each division, office, team, and individual must balance their time and energy between managing the current project and considering organizational improvement to better achieve larger goals. For example, a team that is working to reduce obesity must balance staff and time between implementing programs to combat obesity and designing new programs, policies, or organizational structure that could improve the team's ability to combat obesity in the future. The balance that is achieved between organizational learning and ongoing program management varies greatly across divisions, offices, individuals, and time.

The performance management process at HHS consists of both staff performance and agency performance. Staff performance management occurs through individual performance reviews and annual satisfaction surveys. Agency performance is measured most directly through the performance tracking of performance goals and Agency Priority Goals through the strategic planning process as required by the GPRA Modernization Act of 2010 and related guidance from OMB.

Strategic management at HHS consists of identifying agency objectives and designing a strategy to achieve those objectives. This process at HHS is primarily conducted through the development of the HHS strategic plan. The strategic planning process at HHS is governed by GPRA, the GPRA Modernization Act, and OMB A-11 and is coordinated by the HHS strategic planning team within ASPE.

Interagency and private sector coordination vary greatly across HHS. Interagency coordination occurs at a variety of levels through a variety of avenues including: interagency bodies such as the Federal Committee on Statistical Methodology (FCSM) and the Federal Health IT Coordinating Council, communities of practice (some of which are facilitated through OMB MAX communities), interagency working groups convened by the Whitehouse, interagency agreements, and informal relationships developed over time. Private sector coordination can occur through federal advisory committees such as the National Committee on Vital and Health Statistics (NCVHS). It can also occur through division developed or congressionally mandated processes. The nature and form of private sector coordination depend greatly on division mission. For example, NIH interacts with private universities through grants and FDA regulates products developed or produced by pharmaceutical and food companies.

Objective internal oversight at HHS is conducted by the Office of Inspector General through audits, evaluations, and investigations, and external oversight is conducted by the Government Accountability Office, OMB and Congress.

Accountability at HHS is ensured through internal agency requirements to ensure accountability in terms of the effective use of tax dollars. Each year HHS publishes an agency financial report in line with OMB Circular A-136. This report provides fiscal and summary performance results that enable the President, Congress, and the American people to assess HHS' annual accomplishments. HHS-funded grants include fiduciary responsibilities. Reporting requirements including performance and progress reports are required for any data collection covered by the Paperwork Reduction Act for the purposes of monitoring and accountability.

As highlighted above there is a balance struck between ongoing program management and organizational learning. However, generally these processes are not balanced against each other as these eight processes cited together in the Evidence Act are largely conducted through separate work streams at HHS. As such, there is a very limited extent to which the evaluation, research, and analysis efforts and related activities of the agency address any balance between needs related to organizational learning, ongoing program management, performance management, strategic management, interagency and private sector coordination, internal and external oversight, and accountability.

The extent to which the agency uses methods and combinations of methods that are appropriate to agency divisions and corresponding research questions being addressed, including an appropriate combination of formative and summative evaluation research and analysis approaches (5 USC §306(a)(9)(D))

As noted earlier, there are existing Federal standards, practices, procedures, and requirements for HHS' evaluation, research, and statistical activities that support consistent and high-quality evidence-building efforts. This is particularly true for statistical and research activities that have long-standing, established requirements and include Federal, agency, and professional standards and practices. Further, each of three Evidence Act officials stated in interviews that HHS is particularly strong in terms of using methods and combinations of methods that are appropriate to agency divisions and corresponding research questions being addressed.

HHS employs a set of interrelated policies, standards, and guidelines to ensure that methods and combinations of methods used for evaluation, statistics, research, and analysis are appropriate to the questions and purpose to which these activities are addressed. The Evaluation Policy for HHS affirms the commitment to high-quality systematic evaluations and incorporates the standards for program evaluations issued by OMB in M-20-12. HHS programs must adhere to these standards to promote the quality, credibility, objectivity, and utility of evaluation activities.

HHS applies a broad range of methodological approaches for its program evaluations, statistical activities, research, and analysis. Many of these approaches include those referenced in the Presidential Memorandum on Scientific Integrity and Evidence-Based Policymaking, such as: pilot projects, randomized controlled trials, survey research, and research and analysis of linked records, such as administrative data and national surveys. The selection of methods and combinations of methods varies depending upon the research questions and the purpose and use of the evaluations and activities. Programs are guided by professional standards and best practices referenced in federal guidelines, the

publications from National Academy of Sciences, as well as professional associations such as the American Evaluation Association and the American Statistical Association.

In any methodological approach that is applied, HHS emphasizes the need for rigor, requiring adherence to standards for quality and widely-accepted scientific principles. To support the need for rigor, evaluations, research, and statistical activities are conducted by staff that are highly qualified with appropriate credentials, education, skills, and experience in the methods used.

Program Evaluations: Certain operating divisions within HHS are widely recognized for leadership in conducting rigorous program evaluation and evidence-building, and that reputation is well-deserved. These OpDivs have well-established evaluation programs, strengthened by staff that are highly trained evaluation professionals. Examples include OPRE in ACF, CDC's PPEO, and NIH's OEPR.

Statistical Activities: Major statistical activities for HHS are conducted by NCHS, the principal federal statistical agency for health. The Director of NCHS is the designated HHS Statistical Official and plays a key role in assuring that the Department's statistical activities are high-quality, unbiased, objective, timely, and relevant. This agency leads the Department in statistical expertise, conducting credible and accurate statistical activities using sound and appropriate methods. NCHS employs specific practices to ensure the application of appropriate methods, specifically adhering to:

- OMB Statistical Policy Directives and Standards
- Principles and Practices for a Federal Statistical Agency
- Information Quality Guidelines
- Scientific Methods to Ensure Data Quality and Integrity

In addition to NCHS, the Department has a recognized statistical unit, CBHSQ in SAMHSA, as well as a number of components and programs that conduct statistical activities. This includes many of the Centers and Offices within CDC and Institutes, Offices, and Centers within NIH.

The extent to which evaluation and research capacity is present within the agency to include personnel and agency processes for planning and implementing evaluation activities, disseminating best practices and findings, and incorporating employee views and feedback (5 USC §306(a)(9)(E))

To address the extent to which evaluation and research capacity is present in HHS, findings from the survey of senior leaders were incorporated with work conducted by the HHS Data Council as well as the Office of the Chief Data Officer.

The HHS Data Council established a Data-Oriented Workforce Subcommittee (DOWS) to assess and make recommendations on workforce priorities in the 2018 HHS Data Strategy: Enhancing the HHS Evidence-Based Portfolio. The Subcommittee was focused on activities to understand and enhance the data science capacity of HHS' workforce, including the identification of training opportunities for existing staff, recruitment strategies and tools to hire new staff, and retention and succession planning strategies to sustain the data science workforce. This work complemented other activities that were undertaken to address components of the Federal Data Strategy (FDS). Under Action 4 of the FDS, each federal agency is to assess the data skills of its workforce to identify opportunities to improve those

skills. To meet this requirement, the HHS Office of the Chief Data Officer conducted an assessment across the Department in March, 2021. The approach used for the assessment consisted of a questionnaire as well as interviews with the senior leaders in the HHS Operating Divisions, and questions were targeted on the data skills of the HHS workforce. The questionnaire included a list of data skills that were grouped into five separate categories: foundational skills, data operations and management skills, technical skills, data analysis skills, and advanced analytic skills.

Implementation of the Evidence Act to expand research and evaluation capacity also presents some significant challenges in terms of resources, particularly budget, staff, and technology. Additional resources will be necessary in order to execute all of the requirements of the Act, and interviews with the three designated officials identified resources needs for evaluation and evidence-building activities, open data, and the presumption of accessibility for statistical agencies to obtain data. For example, requirements under Title III incur new budget and staffing needs for statistical agencies and recognized statistical units to obtain data, conduct comprehensive risk assessments and expand access to secure data covered under the Confidential Information Protection and Statistical Efficiency Act (CIPSEA).

The extent to which the agency has the capacity to assist agency staff and program offices to develop the capacity to use evaluation research and analysis approaches and data in the day-to-day operations (5 USC §306(a)(9)(F))

HHS provides a variety of tools and resources that are available to divisions across the Department. The office of the CDO provides resources to help agencies improve individual capacity for data science including the HHS Data Camp. For example, NCHS has disseminated information through the HHS Data Council on the [Data Protection Toolkit](#) released by the Federal Committee on Statistical Methodology. The toolkit provides resources, methods, and approaches for promoting access to data while protection confidentiality, assessing data quality, statistical disclosure techniques and assessing disclosure risk. Best practices, case studies, tools, and other content to help programs increase access to data while ensuring appropriate protections for privacy and confidentiality. CDC's PPEO has made evaluation resources available to the public through the following link: <https://www.cdc.gov/eval/index.htm>, including information on evaluation events and trainings, evaluation documents, workbooks, and tools, and the CDC framework for evaluations. CDC also has an Evaluation Fellowship Program to expand the capacity of CDC programs to conduct evaluations and increase their usefulness and impact. The OPRE, within ACF, disseminates information on ACF's Evaluation Policy, evaluation conferences and meetings, ACF's Research and Evaluation Agenda, as well as publications and tools to inform and improve methods for evaluation and research activities. Moreover, resources and tools to improve research and analysis are available from NIH (<https://www.nih.gov/research-training/research-resources>), which provides literature, library resources, clinical registries, and links to information on training opportunities in disease prevention, research methods, clinical research training, and other areas.

Additionally, the Statistical Officer, Chief Data Officer, and Evaluation Officer each play crucial coordination roles including through leadership and support of the Data Governance Board, the Data Council, and Evidence and Evaluation Council, which support divisions in sharing best practices and

raising concerns and barriers to conducting evaluation, research, and analysis. Each officer also provides the opportunity for technical consultations, though the extent and frequency of consultations are limited by staffing constraints.

Historically, beyond coordination, there has not been significant investment in HHS-level support for evaluation, research, and analysis at the division level. Data infrastructure has typically been developed at the department level, with agency wide infrastructure limited to Enterprise Human Capital Management, HHS Protect, and the Access Management System.

Appendix A: List of Activities Policies and Requirements

Activities with an asterisk indicate those that are included in the HHS FY 2023-2026 Evidence-Building Plan and/or FY 2023 Annual Evaluation Plan.

Title	Agency	Activity
Evaluation of Employment Coaching for TANF and Related Populations	ACF	Evaluation
Evaluation of the Child Welfare Capacity Building Collaborative*	ACF	Evaluation
Building Evidence on Employment Strategies for Low Income Families*	ACF	Evaluation
Head Start Family and Child Experiences Survey	ACF	Statistical
Early Head Start Family and Child Experiences Survey	ACF	Statistical
National Evaluation of the 2nd Generation of Health Profession Opportunity Grants	ACF	Evaluation
Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants	ACF	Evaluation
Sexual Risk Avoidance Education National Evaluation	ACF	Evaluation
Multi-Site Implementation Evaluation of Tribal Home Visiting	ACF	Evaluation
Expanding Evidence on Replicable Recovery and Reunification Interventions for Families	ACF	Evaluation
Human Trafficking Policy and Research Analysis Project	ACF	Research
Building Capacity to Evaluate Child Welfare Community Collaborations to Strengthen and Preserve Families	ACF	Evaluation
Formative Evaluation of Family Unification Program Vouchers for Youth Transitioning Out of Foster Care	ACF	Evaluation
ASPR emPOWER Program*	ASPR	Analysis

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ASPE COVID-19 Vaccine Hesitancy and Confidence*	ASPE	Research
ASPE Evaluation of the Certified Community Behavioral Health Clinic Demonstration*	ASPE	Evaluation
HRSA Maternal Health Portfolio Evaluation	HRSA	Evaluation
HRSA National Healthy Start Evaluation and Quality Assurance*	HRSA	Evaluation
HRSA Autism CARES Act Initiative Evaluation	HRSA	Evaluation
HRSA Bureau of Health Workforce Substance Use Disorder Evaluation	HRSA	Evaluation
HRSA Rural Maternity and Obstetrics Management Strategies Program Evaluation	HRSA	Evaluation
Ryan White HIV/AIDS Program Special Programs of National Significance*	HRSA	Evaluation
Behavioral Health Workforce Supply	HRSA	Research
Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access and Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program Project	HRSA	Evaluation
Teaching Health Center Graduate Medical Education Program Cost Evaluation	HRSA	Evaluation
HRSA AIDS Education and Training Centers Evaluation Activities	HRSA	Evaluation
Evaluation of the Enhancing Diversity of the NIH-funded Workforce Program	HRSA	Evaluation
Impact of Clinical Research Training and Medical Education at the Clinical Center on Physician Careers in Academia and Clinical Research	NIH	Evaluation
All of Us Research Program	NIH	Research
NIH Blueprint for Neuroscience Research	NIH	Research
NIH Strategic Response to COVID-19	NIH	Research
NIH Cancer Moonshot Assessment*	NIH	Evaluation
NIH Environmental Influences on Child Health Outcomes (ECHO) Program*	NIH	Research
Evaluating the Implementation of Products to Help Learning Health Systems Use Findings from AHRQ Evidence Reports	AHRQ	Evaluation
Medical Expenditure Panel Survey Household Component and Medical Provider Component	AHRQ	Statistical
Medical Expenditure Panel Survey – Insurance Component	AHRQ	Statistical
Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Quality and Research	AHRQ	Statistical

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Evaluation of Patient-Centered Outcomes Research Trust Fund – Training Program	AHRQ	Evaluation
Evaluating the Implementation of PCOR to Increase Referral, Enrollment, and Retention through Automatic Referral to Cardiac Rehabilitation with Care Coordinator	AHRQ	Evaluation
Evaluating and Implementing the Six Building Blocks Team Approach to Improve Opioid Management in Primary Care	AHRQ	Evaluation
Outcome Measure Harmonization and Data Infrastructure for Patient Centered Outcomes Research in Depression	AHRQ	Research
Evaluation of the SHARE Approach Model	AHRQ	Evaluation
Medicare Current Beneficiary Survey	CMS	Statistical
CMS Program Statistics	CMS	Statistical
CMS Actuarial Studies	CMS	Statistical
Consumer Assessment of Healthcare Providers & Systems	CMS	Statistical
Evaluation of Learning Health Systems K12 Training Program	AHRQ	Evaluation
ACL National Survey of Older Americans Act Participants	ACL	Statistical
ACL Outcome Evaluation of the Long-Term Care Ombudsman Program	ACL	Evaluation
ASPR Supply Chain Control Tower*	ASPR	Evaluation
ASPR Biomedical Advanced Research and Development Authority Portfolio Review*	ASPR	Evaluation
ONC Evaluation of the Trusted Exchange Framework and Common Agreement*	ONC	Evaluation
FDA Food Safety Dashboard	FDA	Evaluation
FDA Opioid Systems Modeling Effort*	FDA	Research
National HIV Prevention Program Monitoring and Evaluation	CDC	Evaluation
CDC National Youth Tobacco Survey	CDC	Statistical
CDC Model Performance Evaluation Program for Mycobacterium Tuberculosis and Nontuberculous Mycobacteria Drug Susceptibility Testing	CDC	Evaluation
Formative and Summative Evaluation of the National Diabetes Prevention Program	CDC	Evaluation
Youth Risk Behavior Surveillance System	CDC	Statistical

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Behavioral Risk Factor Surveillance System	CDC	Statistical
CDC Extended Evaluation of the National Tobacco Prevention and Control Public Education Campaign	CDC	Evaluation
CDC Public Health Science Agenda for COVID-19	CDC	Research
Epidemiologic Study of Health Effects Associated with Low Pressure Events in Drinking Water Distribution Systems	CDC	Research
Evaluation of Medication-Assisted Treatment for Opioid Use Disorders Study	CDC	Evaluation
CDC Assessment of Ill Worker Policies Study	CDC	Evaluation
CDC Assessment of the Cancer Survivorship Demonstration Project	CDC	Evaluation
The World Trade Center Health Program: Impact Assessment and Strategic Planning for Translational Research	CDC	Evaluation
Evaluation of TransLife Center: A Locally-Developed Combination Prevention Intervention for Transgender Women at High Risk of HIV Infection	CDC	Evaluation
Evaluating the Implementation and Impact of an Opioid Medication Management Program in a Hospital Discharge Setting to Reduce Falls in Older Adults	CDC	Evaluation
CDC Evaluation of STEADI Older Adult Fall Prevention Initiative in a Primary Care Setting	CDC	Evaluation
CDC Cross-Site Program Implementation Evaluation of Overdose Data to Action Program*	CDC	Evaluation
CDC Formative Research and Tool Development	CDC	Research
National Health Interview Survey	CDC/NCHS	Statistical
National Health and Nutrition Examination Survey	CDC/NCHS	Statistical
National Ambulatory Health Care Data	CDC/NCHS	Statistical
National Hospital Care Survey	CDC/NCHS	Statistical
National Survey of Family Growth	CDC/NCHS	Statistical
National Vital Statistics System	CDC/NCHS	Statistical
Vital Statistics Rapid Release Natality and Mortality Estimates	CDCNCHS	Statistical
Healthcare Cost and Utilization Project	AHRQ	Statistical
Provisional Death Counts for COVID-19	CDC/NCHS	Statistical
Developmental Studies to Improve the National Health Care Surveys	CDC/NCHS	Research

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Comparing Blood Pressure Values Obtained by Two Different Protocols: National Health and Nutrition Examination Survey	CDC/NCHS	Evaluation
Unsuitable Underlying Causes-of-Death for Assessing the Quality of Cause-of-Death Reporting	CDC/NCHS	Analysis
Comparative Analysis of the National Health and Nutrition Examination Survey Public-use and Restricted-use Linked Mortality Files	CDC/NCHS	Analysis
CDC WISEWOMAN National Program Evaluation	CDC	Evaluation
National Survey on Drug Use and Health	SAMHSA	Statistical
SAMHSA Strategic Prevention Framework for Prescription Drugs*	SAMHSA	Evaluation

Appendix B: Policies and Requirements Pertaining to Assessment Areas

Documents that provide or inform a common foundation for agency evaluations, statistics, research, and analysis are listed in the table below. Taken as a whole, these complementary requirements contribute to an integrative framework guiding the conduct of Federal evaluations, statistics, research, and analysis to ensure quality, appropriate methods, effectiveness, and independence.

Assessment Areas	Assessment Activities			
	Statistics	Evaluation	Research	Analysis
Coverage	Activities and operations of the agency currently being evaluated and analyzed.	Activities and operations of the agency that are currently being evaluated and analyzed.	Activities and operations of the agency currently being evaluated and analyzed.	Activities and operations of the agency currently being evaluated and analyzed.
Quality	<ul style="list-style-type: none"> -Statement of Commitment to Scientific Integrity by Principal Statistical Agencies^[1] -NAS Principles & Practices for Federal Statistical Agencies -IQA Guidelines for Federal Quality standards - Presidential Memo Restoring Trust Through Scientific Integrity and Evidence-Based Policymaking 	<ul style="list-style-type: none"> -Published policies and procedures for program evaluation ^{[2] [3] [4]} -OMB M-20-12 Evaluation Standards^[5] for objectivity and relevance - Presidential Memo Restoring Trust Through Scientific Integrity and Evidence-Based Policymaking -HHS Evaluation Policy 	<ul style="list-style-type: none"> -HHS Policies and Procedures for Ensuring Scientific Integrity^[6] (also applies to Methods) - Presidential Memo Restoring Trust Through Scientific Integrity and Evidence-Based Policymaking 	<ul style="list-style-type: none"> -HHS Policies and Procedures for Ensuring Scientific Integrity^[7] (also applies to Methods) OMB Circular A-4, quality standards for analysis used in regulations - Presidential Memo Restoring Trust Through Scientific Integrity and Evidence-Based Policymaking
Methods	<ul style="list-style-type: none"> -Using the Best Scientific Methods to Ensure Data Quality and Integrity (part of Statement above) -OMB IQA Guidelines have standard for objectivity which is supported by using sound statistical and research methods -Agency adherence to OMB Standards and Guidelines for Statistical Surveys^[8] 	<ul style="list-style-type: none"> -OMB IQA Guidelines have standard for objectivity which is supported by using sound statistical and research methods -OMB M-19-18 Federal Data Strategy requirements for data quality, validation of accuracy -OMB M-20-12 Evaluation Standard for rigor -HHS Evaluation Policy 	<ul style="list-style-type: none"> -OMB IQA Guidelines have standard for objectivity which is supported by using sound statistical and research methods -NIH Policies and Procedures for Promoting Scientific Integrity^[9] 	<ul style="list-style-type: none"> -OMB IQA Guidelines have standard for objectivity which is supported by using sound statistical and research methods -NIH Policies and Procedures for Promoting Scientific Integrity ^[7]
Effectiveness	-OMB Statistical Policy Directive No. 1: Fundamental	-Published guidelines and recommendations ^[12]	-OMB IQA Guidelines require utility of information	-OMB IQA standards for utility of information

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	<p>Responsibilities of Federal Statistical Agencies and Recognized Statistical Units^[10]</p> <p>-IQA includes standards for the utility of statistics disseminated^[11]</p>	<p>-OMB IQA Guidelines require agencies to review information disseminated to ensure utility and usefulness of information to intended users (this includes information on agency evaluations and their results)</p> <p>-NAS Principles & Practices for Federal Program Evaluation: evaluations should produce useful results</p> <p>-OMB M-20-12 Evaluation Standard for utility</p> <p>-HHS Evaluation Policy</p>	<p>disseminated by federal agencies. Utility refers to the usefulness of the information to intended users, including the public. To assess utility, the agency must consider the perspective of the public (e.g., solicitation of public comments, public engagement)</p>	<p>disseminated by federal agencies, including information resulting from analysis. To assess utility, agencies must consider the perspectives of the public, researchers, and users of the information.</p>
<p>Independence</p>	<p>-NAS Federal statistical agencies must ensure authority and autonomy to determine methods, conduct activities, and publish results^[13]</p> <p>-IQA objectivity standard for statistics disseminated</p> <p>-OMB standards for statistical surveys (applies to all programs conducting statistical surveys)</p> <p>-OMB Statistical Policy Directive 1 and 4</p>	<p>-Evaluations that include surveys must ensure authority and autonomy to determine methods, conduct activities, and publish results (OMB standards)</p> <p>-OMB M-20-12 Evaluation Standard for independence</p> <p>-HHS Evaluation Policy</p>	<p>-OMB IQA Guidelines require that agencies ensure objectivity and that information is accurate, reliable, and unbiased.</p> <p>-Agency surveys must ensure authority and autonomy to determine methods, conduct activities, and publish results (OMB standards)</p>	<p>-Analysis of surveys must ensure authority and autonomy to determine methods, conduct activities, and publish results (OMB standards)</p> <p>-IQA standards for objectivity for analyses and analytic results disseminated to the public</p>