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A NEW BIPARTISAN INITIATIVE FOR U.S. SOCIAL PROGRAMS:

Evidence-Based Reforms Are Key To Rapid Progress in Education, Poverty Reduction, Crime Prevention, and Other Areas

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Precedents from Welfare Policy and Medicine and Show How It Can Work

This paper proposes a new bipartisan initiative to strengthen the effectiveness of U.S. social programs by focusing funds within each program on research-proven projects, practices, and strategies ("interventions"). The proposal seeks neither an increase nor decrease in overall program funding; rather, its central aim is to maximize the effectiveness of existing funds in each program – a goal that may be particularly important given the tight budgetary climate facing such programs.

The Problem: **U.S. social programs, set up to address important American problems, often fall short by funding specific interventions that are not effective.**

When government-funded social interventions – such as K-12 educational curricula, job training projects, policing strategies, substance-abuse prevention efforts, and case-management assistance for low-income families – have been evaluated in scientifically-rigorous studies, the studies typically find many ineffective or marginally effective, and a few even harmful. Those interventions found in rigorous studies to produce meaningful, sustained effects on important life outcomes – such as educational achievement, criminal arrests, and employment and earnings – tend to be the exception, sometimes the rare exception. This general pattern occurs in many diverse areas of social policy, as well as other fields in which rigorous studies have been carried out (e.g., medicine, psychology).

Why It Matters: **Improving social programs is critically needed, because the U.S. has failed to make significant progress in key areas such as –**

- **Poverty reduction:** The official U.S. poverty rate now stands at 12.5% – slightly *higher* than it stood in 1973. (Alternative measures of poverty based on National Academy of Sciences recommendations show a different rate but a similar trend over time.)

- **K-12 education:** The U.S. has made very limited progress in raising K-12 achievement since the 1970s, and in closing the achievement gap between minority and white students since the 1980s, according to the respected National Assessment of Educational Progress long-term trend.

- **Substance-abuse prevention:** Government data show that the U.S. has made little overall progress since 1990 in decreasing adolescent use of drugs or alcohol.

The Opportunity: **Rigorous studies – including the "gold standard" randomized controlled trial – have identified a *few* highly-effective social interventions.**

Although rare, the very existence of these research-proven interventions suggests that a concerted government effort to build the number of such interventions, and spur their widespread use, could fundamentally improve life outcomes for millions of Americans. Illustrative examples include:

- **Nurse-Family Partnership** – a nurse visitation program for low-income women during pregnancy and children's infancy (at 15-year follow-up, produces a 40-70% decrease in child abuse/neglect, and arrests/convictions of children and mothers, compared to controls).

- **High-quality 1-on-1 tutoring for at-risk readers in grades K-2** – at the end of 2nd grade, one such program raises reading achievement to about the 30th percentile versus the 20th for controls; another reduces grade retentions and severe reading failure by 50% versus controls.

- **Portland JOBS Training Program** – to move welfare recipients into high-quality, stable jobs through short-term job search and training activities (at 5-year follow-up, increases employment and earnings, and decreases welfare receipt, by 20-25% compared to controls).

Such examples of proven effectiveness are rare because scientifically-rigorous studies are uncommon in most areas of social policy. Meanwhile, careful investigations show that the less-rigorous studies that *are* often used can produce erroneous conclusions and lead to practices that are ineffective or harmful.

The Proposal: A major bipartisan initiative to incorporate the following two evidence-based components into the statutory authorization and grantmaking procedures of U.S. social programs –

(i) *A small allocation of program funds for rigorous studies to determine which interventions currently or potentially funded by the program produce meaningful improvements in participants' lives.* Such studies, including randomized controlled trials, have been shown feasible and ethical in many diverse areas of social policy (e.g., education, welfare and employment, crime and justice, housing, health care financing and delivery, foreign aid).

(ii) *Strong incentives and assistance for state and local grantees to adopt the interventions proven effective in rigorous studies, and put them into widespread use –* incentives such as a competitive priority in the proposal selection process.

Precedent From Welfare Policy: Rigorous studies built actionable knowledge about "what works," setting the stage for the successful, bipartisan welfare reforms of the 1980s and 90s.

From the Reagan through the Clinton Administrations, the federal government funded or facilitated more than 50 large-scale randomized controlled trials of welfare reform demonstration projects. These studies built scientifically-valid, actionable knowledge about what works in moving people from welfare to work. Of particular value, they showed conclusively that welfare reform programs that emphasized short-term job-search assistance and training, and encouraged participants to find work quickly, had larger effects on employment, earnings, and welfare dependence than programs that emphasized basic education. The work-focused programs were also much less costly to operate.

This knowledge was a key to the bipartisan consensus behind the 1988 welfare reform act and helped shape the major 1996 welfare reform act including its strong work requirements. These legislative changes led to dramatic changes in state and federal programs, and helped bring about major reductions in welfare rolls and gains in employment among low-income Americans.

Precedent From Medicine: Government policy sparked an evidence-based revolution that has produced remarkable advances in human health over the past half-century.

In 1962 Congress enacted legislation which, as implemented by the Food and Drug Administration (FDA), required the effectiveness of any new pharmaceutical drug to be demonstrated in randomized controlled trials before the FDA would approve the drug for marketing. This was a landmark development in American public policy, helping to transform the randomized controlled trial from a rare and controversial phenomenon into the widely-used gold standard for evaluating the effectiveness of medical interventions.

Since then, randomized controlled trials required by the FDA and/or funded by the National Institutes of Health and other agencies have provided the conclusive evidence of effectiveness for most of the major medical advances, including: (i) vaccines for measles, hepatitis B, and rubella; (ii) interventions for hypertension and high cholesterol, which in turn have helped bring about a decrease in coronary heart disease and stroke by more than 50% over the past half-century; and (iii) cancer treatments that have dramatically improved survival rates from leukemia, Hodgkin's disease, breast cancer, and many other cancers.

Conclusion: A major bipartisan initiative to advance similar evidence-based reforms in U.S. social policy could greatly increase government's effectiveness in addressing educational failure, poverty, crime, substance abuse, and other problems that damage or destroy the lives of millions of Americans each year.