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Evidence-Based Reform:

Key To Major Gains in Education, Poverty Reduction, Crime Prevention, and Other Areas of Social Policy

The Coalition is a nonprofit, nonpartisan organization, whose mission is to increase government effectiveness through the use of rigorous evidence about “what works.” Since 2001, our work with Congressional and Executive Branch officials has helped advance important evidence-based reforms, described below. In a recent external [review](#) of the Coalition’s work, based on not-for-attribution interviews with federal officials:

“The Coalition was given credit by multiple interviewees for the Office of Management and Budget’s establishment of a requirement that many discretionary domestic programs be subject to rigorous evaluation, and for certain pieces of legislation carrying similar requirements. As one interviewee stated, ‘The Coalition played a central role in securing this Administration’s commitment to high standards of evidence.’ And another interviewee stated, ‘The push for strong evidence would not have happened as quickly and widely and with so relatively little controversy without the Coalition.’”

Problem We Seek To Address: Government programs set up to address important social problems often fall short by funding models/strategies (“interventions”) that are not effective.

When evaluated in scientifically rigorous studies, social interventions in K-12 education, job training, crime prevention, and other areas are often found ineffective or marginally effective. Interventions that produce sizable, sustained effects on important life outcomes do exist, as discussed below, but tend to be the exception. This pattern occurs in diverse areas of social policy, as well as other fields where rigorous studies have been conducted, such as medicine.

Why It Matters: Improving social programs is critically needed. The United States has failed to make significant progress in key areas such as –

- **Poverty:** The U.S. poverty rate now stands at 14.5%, and has shown little overall change (whether by official or alternative National Academy measures) since the late 1970s.¹
- **K-12 education:** Reading and math achievement of 17-year-olds – the end product of our K-12 education system – is virtually unchanged over the past 40 years, according to official measures,² despite a 90% increase in public spending per student (adjusted for inflation).³
- **Well-being of low to moderate income Americans:** The average yearly income of the lowest 40% of U.S. households, now at \$21,100, has changed little since the 1970s.⁴

The Opportunity: Rigorous studies have identified a few highly-effective social interventions.

These interventions are backed by strong evidence of effectiveness – i.e., well-conducted randomized controlled trials, carried out in typical community settings, showing sizable, sustained effects on important life outcomes. Although rare, their very existence suggests that a concerted effort to grow the number of proven interventions, and spur their widespread use, could fundamentally improve the lives of millions of Americans. Illustrative examples include:

- **[Nurse-Family Partnership](#)** – a nurse visitation program for low-income, first-time mothers during pregnancy and children’s infancy (reduced child abuse/neglect and injuries by 20-50% over 2-15 years, compared to the control group).
- **[Carrera Adolescent Pregnancy Prevention Program](#)** – a youth development program for low-income teens (at age 17, reduced girls’ pregnancies by 40-50%).

- [H&R Block College Financial Aid Application Assistance](#) – streamlined personal assistance for low and moderate income families with a dependent child near college age (over a 3½-4 year period, increased college enrollment and persistence by 29%, compared to the control group).
- [Success for All in grades K-2](#) – a school-wide reform program, primarily for high-poverty schools (three years after program start, increased school-wide reading achievement in second grade by 25-30% of a grade level).

Such examples of proven effectiveness are rare in part because rigorous studies, such as well-conducted randomized controlled trials, are still uncommon in most areas of social policy. Meanwhile, careful investigations show that the less-rigorous studies that are typically used can produce erroneous conclusions and lead to practices that are ineffective or harmful.

Precedent From Medicine: Rigorous studies – particularly randomized control trials – have led to remarkable improvements in human health over the past 50 years.

Well-conducted trials have stunned the medical community by overturning widely-accepted practices, such as hormone replacement therapy for post-menopausal women (shown to increase the risk of stroke and heart disease for many women), and stents to open clogged arteries (shown no better than drugs for most heart patients). Such trials have also provided the conclusive evidence of effectiveness for most of the major medical advances of the past half-century, including vaccines for polio, measles, and hepatitis B; effective treatments for hypertension and high cholesterol; and cancer treatments that have dramatically improved survival rates from leukemia, Hodgkin’s disease, breast cancer, and many other cancers.

Our Specific Goal: Incorporate two main reforms into government social programs:

1. **Increased funding for rigorous – including randomized – evaluations**, so as to grow the number of research-proven interventions; and
2. **Strong incentives and assistance for program grantees to adopt research-proven interventions**, and put them into widespread use.

Accomplishments: The Coalition’s work with key Executive Branch and Congressional officials has helped inform and/or shape major new policy initiatives enacted into law, such as –

- **Evidence-Based Home Visitation Program** for at-risk families with young children (Department of Health and Human Services – HHS, \$1.5 billion over 2010-2014);
- **Evidence-Based Teen Pregnancy Prevention program** (HHS, \$109 million in FY14);
- **Investing in Innovation Fund**, to fund development and scale-up of evidence-based K-12 educational interventions (Department of Education, \$142 million in FY14);
- **First in the World Initiative**, to fund development and scale-up of evidence-based interventions in postsecondary education (Department of Education, \$75 million in FY14);
- **Social Innovation Fund**, to support public/private investment in evidence-based programs in low-income communities (Corporation for National and Community Service, \$70 million in FY14);
- **Trade Adjustment Assistance Community College and Career Training Grants Program**, to fund development and scale-up of evidence-based education and career training programs for dislocated workers (Department of Labor – DOL, \$2 billion over 2011-2014); and
- **Workforce Innovation Fund**, to fund development and scale-up of evidence-based strategies to improve education/employment outcomes for U.S. workers (DOL, \$47 million in FY14).

For Further Information: Please visit us at www.coalition4evidence.org, or contact David Anderson, the Coalition’s Vice President, at danderson@coalition4evidence.org, 202-239-1248.

References

¹ DeNavas-Walt, Carmen and Bernadette D. Proctor, U.S. Census Bureau, Current Population Reports, P60-249, *Income and Poverty in the United States: 2013*, U.S. Government Printing Office, Washington, DC, 2014. U.S. Census Bureau, [*Official and National Academy of Sciences \(NAS\) Based Poverty Rates: 1999 to 2011*](#), 2012. Kathleen Short, U.S. Census Bureau, HHES Division, *Estimating Resources for Poverty Measurement, 1993 – 2003*, 2005. Panel on Poverty and Family Assistance, National Academy of Sciences, *Measuring Poverty: A New Approach*, 1995, pp. 31-36. Christopher Wimer, Liana Fox, Irv Garfinkel, Neeraj Kaushal, and Jane Waldfogel, [*Trends in Poverty with an Anchored Supplemental Poverty Measure*](#), December 2013.

² *The Nation's Report Card: Trends in Academic Progress 2012*, NCES 2013-456, National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, 2013.

³ Cornman, S.Q., and A.M. Noel, *Revenues and Expenditures for Public Elementary and Secondary School Districts: School Year 2008–09 (Fiscal Year 2009)* (NCES 2012-313). U.S. Department of Education. Washington, DC: National Center for Education Statistics, 2011. Richard H. Barr, *Revenues and Expenditures for Public Elementary and Secondary Education, 1973-74* (NCES-76-140). U.S. Department of Health, Education & Welfare, National Institute of Education. Washington, DC: National Center for Education Statistics, 1976.

⁴ U.S. Census Bureau, Current Population Reports, 2014, op. cit., no. 1. This refers to inflation-adjusted income. It includes income from the economy (such as earnings) but not government transfers (such as Food Stamps). However, the evidence suggests that the overall story of income stagnation for the bottom 40% of households changes little even when one adjusts income for government transfers and other items that affect household living standards. Specifically, the Census Bureau's alternative, National Academy of Sciences-based poverty measures make adjustments for government transfers, as well as factors such as state and local taxes, work expenses such as child care, out-of-pocket medical expenses, and geographic differences in housing costs. These adjustments change the poverty rate in any given year, as well as the composition of those in poverty, but do not change the overall trend in the poverty rate over time – i.e., little overall progress since the late 1970s. (The relevant citations are in endnote 1.) Although the National Academy-based poverty measures only apply to a subset of the bottom 40% of U.S. households, their corroboration of no meaningful improvement for that key subset suggest that similar findings would be obtained for the larger group.