PREVENTION RESEARCH CENTERS

Evaluation Results:
Program Indicators

Winter 2010

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Prevention Research Centers Program Evaluation Results

Program Indicators

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Acknowledgments

We are grateful to staff at each Prevention Research Center (PRC) for entering indicator data and helping validate data as needed. We also appreciate the Collaborative Evaluation Design Team for its guidance, advice, and feedback on indicator development and the academic representatives from each PRC for their generous commitment of time and enthusiasm.

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Introduction

The Prevention Research Centers (PRC) Program, located within the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), is the largest extramural research program supported by CDC. The PRC Program is a network of academic health centers associated with schools of public health or medicine throughout the United States. The PRCs conduct community-based participatory research that focuses on the major causes of disease and disability, with an emphasis on underserved and minority populations; improves public health practice; and designs, tests, disseminates, and translates effective public health programs.

This report presents results from a national evaluation of the PRC Program. The information provided here was extracted from a Web-based information system designed to collect data from the PRCs on 23 program indicators. The indicator data provide a quantitative assessment of program activities and accomplishments across the PRCs.

This report has a companion volume that summarizes results from four contextual studies conducted as part of the PRC Program national evaluation.[1] A study team collected and analyzed the information for the contextual report. The data in this report were extracted from the Web-based information system and tabulated by PRC Program staff. For background information about the PRC Program, see the introduction to the contextual report.

National Evaluation

The PRC Program national evaluation, called Project DEFINE (Developing an Evaluation Framework: Insuring National Excellence), began in 2001. Project DEFINE Phase 1 (Planning, 2001–2003) focused on engaging stakeholders, planning the evaluation, developing the PRC Program's logic model (Appendix A),[2] and documenting retrospective program activities.[3,4] A major task that engaged stakeholders was the development of the Collaborative Evaluation Design Team (CEDT) (Appendix B), which served as a consultant group to the PRC Program's national evaluation. The CEDT included academic and community members, and the team met frequently in person and by telephone. Project DEFINE Phase 2 (Implementation) began in 2004, and the PRC Program entered into a contract with Macro International to complete many of the evaluation activities.

Purposes of the Evaluation

Discussions with program leaders, the CEDT, and key stakeholders identified two priority purposes for national evaluation activities:

- National program accountability to stakeholders (i.e., Congress, CDC leaders, and national partner organizations that advocate for the program).
- Program improvement, particularly management of the national program.

Overarching Evaluation Questions

The PRC Program developed the following overarching evaluation questions that focus on the priority purposes of the evaluation:

- What does the PRC Program contribute to public health practice and policy by
  - Conducting prevention research to develop and disseminate effective and translatable public health interventions?
  - Training the public health workforce?
- How is community-based participatory research implemented across PRCs?
- How are communities and partners engaged in PRCs' activities, and how does participation build community capacity?
- What are the similarities and differences across PRCs in terms of infrastructure, organizational factors, and how PRCs partner with communities and organizations?

Program Indicators

After the priority purposes and overarching evaluation questions were identified for the national evaluation, the evaluation team developed a list of more than 300 possible indicators. The main sources for this information included statements made during a concept-mapping process with PRCs and their communities,[2] work plans and progress reports written by PRCs, notes made during development of the PRC strategic plan, and performance measures used by other government programs. The evaluation staff and PRC Program staff reviewed the list and eliminated redundancies. CEDT members and PRC Program staff rated each indicator on the basis of relevance, meaningfulness, usefulness, and feasibility.

CEDT members and PRC Program staff conducted a second rating of a reduced list of community-related indicators to prioritize and refine those that captured the nature, relevance, and substance of community-based participatory work. Macro International staff coordinated meetings and conference calls to discuss the ratings and reduce the list of indicators.

PRC Program office staff reviewed the resulting list of possible indicators to determine which would be most useful to the PRC Program office and categorized the indicators as follows:

- Needed to demonstrate program accountability.
- Best suited for more qualitative studies.
- Collected by project officers through monitoring.
- Not needed or not feasible to collect.

The evaluation team also assessed possible data sources for each indicator, which resulted in 26 draft program indicators, each matched to a PRC Program logic model component.

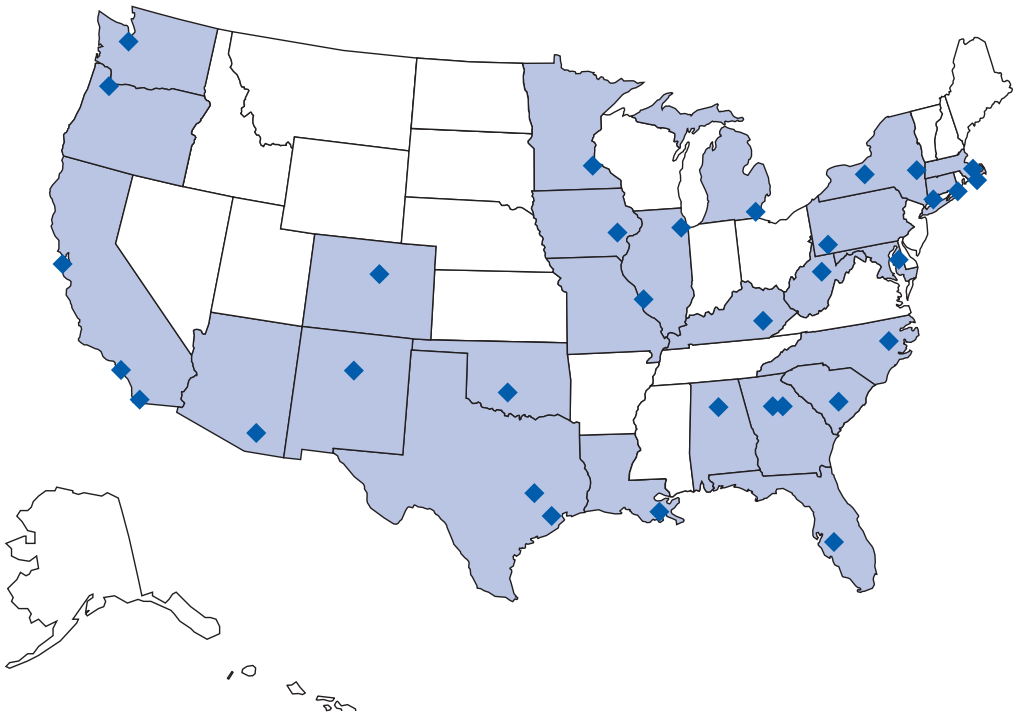
PRC directors, evaluators, community members, and CEDT representatives reviewed drafted measures or questions and response options, and then provided feedback on feasibility, appropriateness, and utility. Feedback resulted in modification and deletion of a few indicators and modifications to many questions. Based on the feedback, the PRC Program developed a final list of 23 indicators (Appendix C) with associated measures.

This report provides aggregate data from across the 33 PRCs (Figure 1) on a subset of the 23 indicators designated as high priority for national accountability. A complete list of 33 funded PRCs is provided in Appendix D. The purpose of the indicator data is to provide an overall quantitative assessment of PRC Program activities and accomplishments. The data included in this report reflect the following nine components from fiscal year 2007 (September 30, 2006–September 29, 2007):

- Funding.
- Project and population characteristics.
- Projects and intervention testing.
- Projects and policy or environmental change.
- Community committees and constituencies.
- Students trained.
- Training programs.
- Publications, presentations, and products.*
- Recognition awards.

This report also explores the effect of several inputs, such as funding, type of academic institution (i.e., public, public land grant, or private), type of school (i.e., public health or medicine), and indirect cost rates on selected outputs and outcomes.

Figure 1. PRCs Funded During 2004–2009



* During calendar year 2007.

Methods

Data Collection

The PRC Program Information System (IS) is a Web-based management information system that the PRC Program started using in 2004 to collect work plans and progress reports from the PRCs. The PRC Program office staff added questions and response options for the program indicators and grouped them into four modules (Appendix E):

- Center Information.
- Projects.
- Products.
- Training Programs.

Each module is divided into sections with several questions grouped by topic area. The PRC Program office staff finalized integration of the indicators into the PRC IS in time to enter data for fiscal year 2007.

Indicator data are collected annually. Each PRC logs into the PRC IS to view, add to, or change its data. Each PRC determines which staff members, usually evaluation or administrative staff, will enter data for the center.

Before data entry began, the PRC Program office staff conducted a series of 2-hour, Web-based training sessions. Before each session, the staff sent a training guide to the PRCs. All sessions were recorded and made available to the PRCs afterwards. In addition, PRC Program office staff provided individual technical assistance as needed to answer questions. The staff summarized all questions and answers received during and after the training sessions, and then distributed the additional information to all PRCs.

PRCs began entering indicator data in April 2007, midway into the fiscal year, thus entering retrospective and current data. PRCs had until December 29, 2007, to complete data entry for fiscal year 2007; data entry closed with the submission of year-end progress reports.

Most of the data summarized in this report came directly from the PRC IS. Some data on the amount of and funding source for core awards, special interest project (SIP) awards, and supplemental awards were abstracted from funding documents and entered into a Microsoft Excel[†] spreadsheet. Information on the amount and source of funding for other projects came from data in the PRC IS. In addition, data describing each PRC's type of academic institution, type of school, and actual indirect cost rate were collected from documents reviewed for the contextual studies.[1]

[†] Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Data Management

Organizing and managing the indicator data required several extraction, cleaning, recoding, and validation procedures to ensure accuracy and consistency. The data entered in the PRC IS are stored in a Microsoft SQL Server.† They were extracted through queries and used to create raw data files. Each query was based on the type of indicator (i.e., inputs, activities, outputs, or outcomes) and IS questions of interest. Tables were developed from the raw files in Microsoft Access.†

Data were reviewed for duplication, error, or inaccuracy and were either excluded from analysis, coded, or recoded, as appropriate. All changes made to the data are documented in a data management and cleaning log.

Many items in the PRC IS have "other" as a response option, and explanatory text can be added. The additional text for those questions was reviewed and coded to match existing response options, when possible. When multiple instances of the same response occurred, new response options or categories were created.

Data were validated for some indicators (e.g., PRC-tested interventions' level of effectiveness, policy and environmental changes, recognition awards) when program staff suspected that a respondent had been confused or misunderstood a question. Validation included literature review and discussion with PRC investigators.

Statistical Analysis

Access data tables were used to create several SAS† (Version 9.1.3. Cary, NC: SAS Institute, Inc.) datasets. These datasets describe inputs, activities, outputs, and outcomes by each PRC or by each project, training program, and product produced by a PRC. Mean, median, range, and total for selected indicator variables were calculated using Access and Excel, and the data pertain to the number of applicable PRCs for each row in the tables. SAS software was used to conduct cross-tabulations of specific inputs—including total funding, type of institution, type of school, and indirect cost rate—to relate their influence on selected output and outcome variables.

Results

Funding

PRCs receive funds from CDC to cover infrastructure costs; a core research project; community engagement; and communication, dissemination, evaluation, and training activities.

PRCs can apply for special interest projects (SIPs), which provide funds for research identified and funded by CDC or other federal agencies. PRCs also can receive supplemental awards, which provide funds from CDC for a specific task within an existing project. Core funding covers costs for infrastructure and provides resources that PRCs need to compete for additional funding (to help support core projects and SIPs) and other awards (new projects) from CDC, other federal agencies, foundations, and other sources.

† Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Fiscal year 2007 funding for PRCs is tabulated by type of award in Table 1. Across PRCs, the total funding from core, SIP, supplemental, and other[‡] awards ranged from about $700,000 to nearly $13 million (mean: $2.6 million).

Table 1. PRC Funding, by Award Type, Fiscal Year 2007

Type of Award (Number)	Number of PRCs	Funding in Dollars				Funding Source
		Range*	Mean*	Median*	Total	
Core (33)	33	680,114–851,969	739,544	735,000	24,404,953	CDC and HHS
SIP[†] (73)	20	50,000–5,380,235	1,070,666	454,658	21,413,322	CDC and HHS
Supplemental[†] (15)	11	70,000–601,870	200,916	140,000	2,210,071	CDC and HHS
Additional[†‡] (10)	10	6,000–491,671	142,227	60,000	1,422,270	CDC, federal agencies, and other organiza-tions
Other*[§] (188)	25	5,000–6,842,854	1,495,264	1,046,004	37,381,609	See Table 2
Total	**33**	**732,119–12,958,097**	**2,631,280**	**1,987,347**	**86,832,225**	

* Reflects data from applicable PRCs.

[†] Reflects aggregate data within each PRC.

[‡] Additional funds come from various sources and provide support for core projects and SIPs.

[§] Data entry for "other" awards was optional and the data are for only 25 PRCs. Thus, these data might underestimate the total amount of funding that PRCs received in fiscal year 2007.

Thirty-one PRCs received at least one award (SIP or other) in addition to their core award. Twenty PRCs received at least one SIP award; three received 10 or more awards (data not shown). Of the 13 PRCs that did not receive any SIP awards, 11 received awards from other sources.

The total funding reported for other projects funded in fiscal year 2007 ranged from $5,000 to $6.8 million; about $7.5 million came from CDC, $14 million from the National Institutes of Health, and $2 million from other federal agencies (Tables 1 and 2). Nearly $11 million came from state and local agencies and foundations.

[‡] Data entry for "other" awards was optional, and the data are for only 25 PRCs. Thus, these data might underestimate the total amount of funding that PRCs received in fiscal year 2007.

Table 2. Funding Amount* for Other Projects for 25 PRCs, by Source, Fiscal Year 2007

Source	Number of Awards	Funding in Dollars			
		Range†	Mean†	Median†	Total
CDC: not specified	21	5,000–954,509	251,226	125,508	5,275,756
CDC and American Legacy Foundation partnership	1				79,000
Association of Schools of Public Health/CDC cooperative agreement	3	120,000–350,000	240,000	250,000	720,000
CDC Division of Adult and Community Health	1				6,000
CDC Division of Cancer Prevention and Control	2	266,264–320,000	293,132	293,132	586,264
CDC Division of Diabetes Translation	2	8,000–20,000	14,000	14,000	28,000
CDC Division of Nutrition, Physical Activity, and Obesity	1				25,000
CDC Division of Reproductive Health	1				21,367
CDC National Center for Chronic Disease Prevention and Health Promotion	1				458,970
CDC National Institute for Occupational Safety and Health	1				137,500
CDC Office on Smoking and Health	1				178,572
CDC Total					**7,516,429**
National Institutes of Health (NIH): not specified	12	72,525–651,820	264,799	195,213	3,177,585
NIH National Cancer Institute	12	30,000–1,200,000	382,833	261,202	4,593,997
NIH National Center for Research Resources	1				249,567
NIH National Center on Minority Health and Health Disparities	2	30,000–413,416	221,708	221,708	443,416
NIH National Heart, Lung, and Blood Institute	2	153,383–450,000	301,692	301,692	603,383

Continued on page 12.

Table 2. Continued.

Source	Number of Awards	Funding in Dollars			
		Range†	Mean†	Median†	Total
NIH National Institute for Mental Health	2	425,000–497,452	461,226	461,226	922,452
NIH National Institute for Nursing Research	2	10,000–230,000	120,000	120,000	240,000
NIH National Institute of Child Health and Human Development	5	124,500–491,671	269,246	197,955	1,346,228
NIH National Institute of Diabetes and Digestive and Kidney Diseases	1				335,120
NIH National Institute of Environmental Health Sciences	1				800,000
NIH National Institute on Aging	2	221,933–320,552	271,243	271,243	542,485
NIH National Institute on Drug Abuse	3	125,000–334,296	261,296	324,591	783,887
NIH Total					**14,038,120**
U.S. Department of Health and Human Services	6	4,500–250,000	123,679	108,787	742,073
U.S. Health Resources and Services Administration	4	15,000–700,000	201,477	45,455	805,909
U.S. Department of Education	1				20,000
U.S. Department of Agriculture	4	35,000–180,000	136,927	166,354	547,708
Other Federal Agencies Total					**2,115,690**
Health department: local or county	4	9,000–255,121	110,780	89,500	443,121
Health department: state	21	2,496–2,400,000	289,635	109,874	6,082,330
State or local funding: agency or organization	2	14,812–50,000	32,406	32,406	64,812
State and Local Agencies Total					**6,590,263**
Foundation or endowment: not specified	15	16,000–480,000	123,578	50,000	1,853,676
Kellogg Foundation	3	5,000–315,000	116,667	30,000	350,000

Continued on page 13.

Table 2. Continued.

Source	Number of Awards	Funding in Dollars			
		Range†	Mean†	Median†	Total
Robert Wood Johnson Foundation	12	21,682–750,000	163,402	101,194	1,960,820
W.T. Grant Foundation	1				60,000
Foundations Total					**4,224,496**
American Heart Association	1				21,826
Association of Schools of Public Health	2	23,000–25,000	24,000	24,000	48,000
Nongovernmental organization	8	6,000–350,000	74,191	37,514	593,528
Pharmaceutical company	1				100,000
Private sector or for-profit company	6	31,450–1,000,000	257,242	126,000	1,543,450
University funding	14	10,000–233,000	55,534	25,800	499,807
YMCA	1				55,000
Other source: not specified	2	10,000–25,000	17,500	17,500	35,000
Other Sources Total					**2,896,611**
Total			**181,603**	**109,330**	**37,381,609**

* When no range, mean, or median is given, the total indicates a single project funded from the source.

† Reflects data from applicable PRCs.

To assess the effect of funding on activities, outputs, and outcomes, the PRCs were divided into approximate tertiles: for 12 PRCs, total funding was less than $1.3 million; for 9 PRCs, it was $1.3 million–$2.6 million; and for 12 PRCs, it was greater than $2.6 million.

In the lowest and highest funding tertiles, most PRCs were in public institutions; in the middle tertile, most PRCs were in private institutions (Table 3). The majority of PRCs were located in schools of public health; the distribution of type of school by funding tertile did not differ appreciably.

Table 3. Number and Percentage of PRCs, by Type of Institution, Type of School, and Tertile of Funding, Fiscal Year 2007

Type of Institution	<$1.3 million N (%)	$1.3–$2.6 million N (%)	>$2.6 million N (%)
Public (16)	7 (58)	2 (22)	7 (58)
Public land grant (7)	3 (25)	2 (22)	2 (17)
Private (10)	2 (17)	5 (56)	3 (25)
Type of School			
Public health (25)	8 (67)	8 (89)	9 (75)
Medicine (8)	4 (33)	1 (11)	3 (25)

Indirect cost rates, or the proportion of funds subtracted from a grant to help cover the academic institution's operating expenses, are negotiated between an institution and the federal government. Because not all costs are subject to an indirect cost rate, the actual rate was calculated for each PRC. The negotiated indirect cost rate ranged from 8% to 64% (mean: 40%), and the actual indirect cost rate[§] ranged from 6% to 47% (mean: 25%).[1]

The average negotiated rate was somewhat higher for PRCs in public and private institutions than for PRCs in public land grant institutions, but this difference no longer existed after the actual indirect cost rate was calculated (Table 4). The average rates are similar regardless of type of school. Because actual indirect cost rates most accurately indicate a PRC's available funds, only values derived from the actual rate are used in subsequent cross tabulations with outcome data.

Table 4. Mean Indirect Cost Rates, by Type of Institution and School, Fiscal Year 2007

Type of Institution	Negotiated Rate Mean	Actual Rate*† Mean
Public (16)	40	26
Public land grant (7)	32	25
Private (10)	44	25
Type of School		
Public health (25)	41	25
Medicine (8)	37	26

* Actual indirect cost rate = 100 – (direct cost/total cost).

† Reflects fiscal year 2007 budget data.

§ Actual indirect cost rate = 100 – (direct cost/total cost).

Project and Population Characteristics

Across all PRCs, 73% of current projects are research projects (as self-designated by the PRC) (Table 5).‖ Twelve PRCs had no SIPs, and four listed no "other" projects.

Table 5. Number of Current Projects* and Research Projects,* by Type, Fiscal Year 2007

Type of Project	Number of PRCs	Current Projects			
		Range†	Mean†	Median†	Total N (%)
Core	33	1–5	1.7	1	55 (13)
SIP‡	21	1–14	3.8	2	80 (19)
Other	29	1–22	9.7	8	281 (68)
Total					**416**
		Current Research Projects			
Core	31	1–5	1.5	1	48 (16)
SIP‡	20	1–14	3.1	1	62 (20)
Other	27	1–18	7.2	7	195 (64)
Total					**305**

* Active September 30, 2006–September 29, 2007.

† Reflects data from applicable PRCs.

‡ Includes current SIPs and SIPs using carry-over funds.

‖ Given the small number of supplemental projects, that those funds often augment a core research project, and the limited data available in the PRC IS related to supplemental projects, no data related to supplemental projects are presented.

Table 6. Number and Percentage of Current Research Projects,* by Tertile of Total Funding and Actual Indirect Cost Rate, Fiscal Year 2007

Type of Project	Total Funding†		
	<$1.3 million N (%)	$1.3–$2.6 million N (%)	>$2.6 million N (%)
Core	21 (35)	10 (15)	17 (10)
SIP	4 (7)	14 (21)	44 (25)
Other	35 (58)	43 (64)	117 (66)
Total	**60**	**67**	**178**
	Actual Indirect Cost Rate‡		
	<20%	**20%–<30%**	**≥30%**
Core	13 (13)	17 (23)	18 (14)
SIP	23 (22)	17 (23)	22 (17)
Other	67 (65)	41 (55)	87 (69)
Total	**103**	**75**	**127**

* Active September 30, 2006–September 29, 2007.

† Number of PRCs by funding category: < $1.3 million = 12; $1.3 million–$2.6 million = 9; > $2.6 million = 12.

‡ Number of PRCs by actual indirect cost rate: < 20% = 10; 20% – < 30% = 11; ≥30% = 12.

The distribution of funds between core projects, SIPs, and other research projects was similar for PRCs in the middle and upper funding tertiles (Table 6). A higher proportion of funding of the PRCs in the lowest tertile supported core and other research projects. The actual indirect cost rate did not make an appreciable difference in the percent distribution of project type (e.g., core, SIP, or other).

The percent distribution of core projects, SIPs, and other research projects is similar between public and private institutions; PRCs in public land grant institutions have a smaller proportion of SIPs (Table 7).

Table 7. Number and Percentage of Current Research Projects,* by Type of Academic Institution,† Fiscal Year 2007

Type of Project	Public N (%)	Public Land Grant N (%)	Private N (%)
Core	26 (17)	8 (15)	14 (15)
SIP	40 (25)	3 (6)	19 (20)
Other	91 (58)	43 (80)	61 (65)
Total	**157**	**54**	**94**

* Active September 30, 2006–September 29, 2007.

† Number of PRCs by type of academic institution: public = 16; public land grant = 7; private = 10.

PRCs in schools of medicine had a larger percentage of other research projects than PRCs in schools of public health, whereas the latter had a larger percentage of SIPs (Table 8).

Table 8. Number and Percentage of Current Research Projects,* by Type of School,† Fiscal Year 2007

Type of Project	School of Public Health N (%)	School of Medicine N (%)
Core	39 (17)	9 (13)
SIP	56 (24)	6 (8)
Other	138 (59)	57 (79)
Total	**233**	**72**

* Active September 30, 2006–September 29, 2007.

† Number of PRCs by type of school: public health = 25; medicine = 8.

For all projects, PRCs could complete information on study population, including race, ethnicity, age, sex, and setting or site. If a characteristic of the sample population had not yet been determined, PRCs could select "unknown at this time." If a characteristic was not applicable to the sample population, the PRC could select "no specific focus." Because these demographic characteristics are more applicable to research projects, Tables 9–13 provide data for research projects only.¶

Of the current research projects that provided data on race, 28 core research projects, 28 SIPs, and 65 other research projects reported that they focused on one or more racial group (data not shown). Of these projects, the largest percentage focused on African American or black populations (Table 9).

¶ Not all PRCs entered data on the study population for all projects.

Table 9. Number and Percentage of Current Research Projects* that Focused on a Specific Racial Group,† Fiscal Year 2007

Racial Group	Core (N = 28) n (%)	SIP (N = 28) n (%)	Other (N = 65) n (%)
African American or Black	21 (75)	24 (86)	53 (82)
American Indian or Alaska Native	8 (29)	4 (14)	18 (28)
Asian	6 (21)	8 (29)	16 (25)
Native Hawaiian or Other Pacific Islander	3 (11)	3 (11)	6 (9)
White	20 (71)	16 (57)	39 (60)

* Active September 30, 2006–September 29, 2007.

† Of projects that focused on a racial group, respondents could select all race categories that applied to each project; thus, the total is greater than 100%.

Of the current research projects that provided data on ethnicity, 22 core research projects, 31 SIPs, and 58 other research projects reported that they focused on a specific ethnicity. Of these projects, respondents could indicate Hispanic; of those, one-half of core projects and approximately three-quarters of SIPs and other research projects included Hispanic or Latino populations (Table 10).

Table 10. Number and Percentage of Current Research Projects* that Focused on a Specific Ethnicity, Fiscal Year 2007

Racial Group	Core (N = 22) n (%)	SIP (N = 31) n (%)	Other (N = 58) n (%)
Hispanic or Latino only	5 (23)	10 (32)	25 (43)
Not Hispanic or Latino	11 (50)	7 (23)	18 (31)
Both Hispanic and not Hispanic	6 (27)	14 (45)	15 (26)

* Active September 30, 2006–September 29, 2007.

Of the current research projects that provided data on an age group, 40 core research projects, 41 SIPs, and 96 other research projects reported that they focused on one or more age group (data not shown). Of these projects, respondents could select one or more age groups. Selection of an age group indicates that the project focused on some or all of the ages in the group. Most projects focused on adults (aged 18 years or older) (Table 11).

Table 11. Number and Percentage of Current Research Projects* that Focused on an Age Group,† Fiscal Year 2007

Age Group	Core (N = 40) n (%)	SIP (N = 41) n (%)	Other (N = 96) n (%)
0–11 months	1 (3)	1 (2)	4 (4)
12–23 months	1 (3)	0 (0)	4 (4)
2–3 years	2 (5)	2 (5)	5 (5)
4–11 years	8 (20)	11 (27)	23 (24)
12–13 years	10 (25)	7 (17)	27 (28)
14–17 years	9 (23)	4 (10)	32 (33)
18 years	17 (43)	11 (27)	34 (35)
19 years	18 (45)	13 (32)	31 (32)
20–22 years	21 (53)	16 (39)	31 (32)
23–49 years	22 (55)	19 (46)	35 (36)
50–64 years	23 (58)	27 (66)	44 (46)
65 years and older	21 (53)	27 (66)	44 (46)

* Active September 30, 2006–September 29, 2007.

† Of projects that focused on an age group, respondents could select all age groups that applied to each project; thus, the total is greater than 100%.

Of the current research projects that provided data on sex, 15 core research projects, 23 SIPs, and 50 other research projects reported that they focused on a specific sex (data not shown). Of these projects, most focused on both males and females; approximately one-third of other research projects focused on females only (Table 12).

Table 12. Number and Percentage of Current Research Projects* that Focused on a Specific Sex, Fiscal Year 2007

Sex	Core (N = 15) n (%)	SIP (N = 23) n (%)	Other (N = 50) n (%)
Male	2 (13)	5 (22)	7 (14)
Female	1 (7)	4 (17)	18 (36)
Both male and female	12 (80)	14 (61)	25 (50)

*Active September 30, 2006–September 29, 2007.

Of the current research projects that provided data on a setting or site, 46 core research projects, 48 SIPs, and 133 other research projects reported that they focused on one or more settings or sites. Settings are defined as the geographic location of the sample population or where the project was conducted (e.g., county or rural area). Sites are defined as the physical location of the sample population or where the project was conducted (e.g., school, place of worship).

Of the SIPs, 35% focused on medical or clinical sites, and 38% focused on urban areas or populations (Table 13). Approximately one-fourth of core projects, SIPs, and other research projects focused on schools or school districts.

Table 13. Number and Percentage of Current Research Projects* that Focused on a Specific Setting or Site,† Fiscal Year 2007

Setting or Site	Core (N = 46) n (%)	SIP (N = 48) n (%)	Other (N = 133) n (%)
Setting			
City	13 (28)	7 (15)	23 (14)
County or parish	9 (20)	6 (13)	13 (8)
Neighborhood or community	15 (33)	8 (17)	30 (18)
Outdoor	0 (0)	1 (2)	3 (2)
Rural area	23 (50)	12 (25)	29 (18)
State	3 (7)	4 (8)	4 (2)
Tribal nation or area	4 (9)	2 (4)	9 (5)
Urban area	16 (35)	18 (38)	25 (15)
Site			
Child care center	0 (0)	2 (4)	3 (2)
Home	2 (4)	5 (10)	12 (7)
Jail or prison	0 (0)	0 (0)	1 (1)
Medical or clinic site	7 (15)	17 (35)	25 (15)
Place of worship	1 (2)	4 (8)	4 (2)
School or school district	13 (28)	11 (23)	40 (24)
Senior residence or center	2 (4)	4 (8)	6 (4)
Social service agency	0 (0)	1 (2)	1 (1)
University or college	1 (2)	4 (8)	7 (4)
Work site	6 (13)	2 (4)	7 (4)
Other	3 (7)	3 (6)	4 (2)

* Active September 30, 2006–September 29, 2007.

† Of projects that focused on a setting or site, respondents could select all settings or sites that applied to each project; thus, the total is greater than 100%.

Projects and Intervention Testing

A major focus of PRC core research projects is testing interventions. Projects could include efficacy testing (the extent to which an intervention yields the intended outcomes under ideal conditions), effectiveness testing (the extent to which the intended outcomes achieved under optimal conditions also are achieved in real-world settings), or conducting dissemination research (the examination of strategies to promote adoption and maintenance of an effective program in other settings or with populations other than that of the original study). PRCs provided data to determine the intervention status for all 48 core research projects, 51 SIPs, and 138 other research projects. Of those, 73% of core projects, 45% of SIPs, and 39% of other research projects involve intervention testing (Table 14).

Table 14. Number and Percentage of Current Research Projects* that Involve Intervention Testing,† by Project Type, Fiscal Year 2007

Type of Project	Number of PRCs	Range‡	Mean‡	Median‡	Total n (%)
Core (N = 48)	28	1–3	1.3	1	35 (73)
SIP (N = 51)	10	1–7	2.3	2	23 (45)
Other (N = 138)	21	1–6	2.6	2	54 (39)
Total (N = 237)					**112 (47)**

* Active September 30, 2006–September 29, 2007.

† Intervention status is unknown for 11 SIPs and 57 other research projects.

‡ Reflects data from applicable PRCs.

Tables 15–17 compare selected inputs between intervention research projects (N = 112) and nonintervention research projects (N = 125). Across all funding tertiles, there was a fairly even distribution of intervention and nonintervention research projects (Table 15). The distribution of intervention versus nonintervention research projects was similar across actual indirect cost rate tertiles.

Table 15. Number and Percentage of Intervention and Nonintervention Research Projects, by Tertile of Total Funding and Actual Indirect Cost Rate, Fiscal Year 2007

	Total Funding*		
	<$1.3 million N (%)	$1.3–$2.6 million N (%)	>$2.6 million N (%)
Intervention Research			
Core	15 (56)	9 (35)	11 (19)
SIP	1 (4)	4 (15)	18 (31)
Other	11 (41)	13 (50)	30 (51)
Total	27 (47)	26 (60)	59 (43)
Nonintervention Research			
Core	6 (19)	1 (6)	6 (8)
SIP	3 (10)	6 (35)	19 (25)
Other	22 (71)	10 (59)	52 (68)
Total	31 (53)	17 (40)	77 (57)
Total	**58 (100)**	**43 (100)**	**136 (100)**
	Actual Indirect Cost Rate†		
	<20% N (%)	20%–<30% N (%)	≥30% N (%)
Intervention Research			
Core	9 (24)	13 (41)	13 (30)
SIP	8 (22)	6 (19)	9 (21)
Other	20 (54)	13 (41)	21 (49)
Total	37 (45)	32 (55)	43 (44)
Nonintervention Research			
Core	4 (9)	4 (15)	5 (9)
SIP	13 (29)	6 (23)	9 (17)
Other	28 (62)	16 (62)	40 (74)
Total	45 (55)	26 (45)	54 (56)
Total	**82 (100)**	**58 (100)**	**97 (100)**

* Number of PRCs by funding category: <$1.3 million = 12; $1.3 million–$2.6 million = 9; >$2.6 million = 12. Number of PRCs that provided data are 10, 9, and 12, respectively.

† Number of PRCs by actual indirect cost rate: <20% = 10; 20%–<30% = 11; ≥30% = 12. Number of PRCs that provided data are 10, 10, and 11, respectively.

Public institutions had more intervention research projects than did private or public land grant institutions. The number of intervention research projects in PRCs in public institutions is nearly evenly divided among core projects, SIPs, and other projects; a greater proportion of intervention research among other projects was reported in public land grant and private institutions (Table 16). The distribution of nonintervention core projects, SIPs, and other research projects was similar by type of institution.

Table 16. Number and Percentage of Intervention and Nonintervention Research Projects, by Type of Academic Institution,* Fiscal Year 2007

Type of Project	Public N (%)	Public Land Grant N (%)	Private N (%)
Intervention Research			
Core	18 (31)	8 (36)	9 (29)
SIP	18 (31)	0 (0)	5 (16)
Other	23 (39)	14 (64)	17 (55)
Total	59 (50)	22 (43)	31 (45)
Nonintervention Research			
Core	8 (14)	0 (0)	5 (13)
SIP	15 (26)	3 (10)	10 (26)
Other	35 (60)	26 (90)	23 (61)
Total	58 (50)	29 (57)	38 (55)
Total	**117 (100)**	**51 (100)**	**69 (100)**

* Number of PRCs by type of academic institution: public = 16; public land grant = 7; private = 10. Number of PRCs that provided data are 15, 7, and 9, respectively.

The distribution of core projects, SIPs, and other intervention research projects varies by type of school (Table 17). Approximately one-fourth of both intervention and nonintervention research projects in PRCs in schools of public health are SIPs; among PRCs in schools of medicine, only 4% of intervention and 11% of nonintervention research projects are SIPs.

Table 17. Number and Percentage of Intervention and Nonintervention Research Projects, by Type of School,* Fiscal Year 2007

Type of Project	School of Public Health N (%)	School of Medicine N (%)
Intervention Research		
Core	26 (31)	9 (32)
SIP	22 (26)	1 (4)
Other	36 (43)	18 (64)
Total	84 (48)	28 (44)
Nonintervention Research		
Core	13 (14)	0 (0)
SIP	24 (27)	4 (11)
Other	53 (59)	31 (89)
Total	90 (52)	35 (56)
Total	**174 (100)**	**63 (100)**

* Number of PRCs by type of school: public health = 25; medicine = 8. Number of PRCs that provided data are 24 and 7, respectively.

Projects and Policy or Environmental Change

All types of PRC projects can contribute to the creation or alteration of policies or environments that promote health or prevent disease. Policies can include laws, regulations, and rules; environmental changes can include changes to physical, economic, or social environments. Because policy and environmental changes can take time to implement, data are included from both ongoing and completed core projects (N = 57) and SIPs (N = 82) (both research and non-research).

These core projects and SIPs resulted in 7 policy changes, 21 environmental changes, and 12 dual policy and environmental changes in fiscal year 2007 (Table 18). Examples of changes include school wellness and smoking policies, creating bicycle lanes on city streets, and developing walking tracks and trails.

Table 18. Number of Policy and Environment Changes, by Project Type, Fiscal Year 2007

Type of Change	Core Project	SIP
Policy	6	1
Environmental	17	4
Both	10	2
Total	**33**	**7**

PRC efforts contribute to policy and environmental changes in a variety of ways. The most common include providing funds related to the change; participating as a partner; and participating in surveillance, monitoring, or evaluation activities (Table 19).

Table 19. Number of Policy and Environmental Changes, by Type of PRC Involvement, Fiscal Year 2007

PRC Involvement	Core Project	SIP
Assisted in securing funds	12	2
Coordinated or facilitated meetings	9	2
Drafted legislation	0	0
Funded activities related to the policy or environmental change	21	4
Mobilized communities	5	1
Participated in meetings	14	3
Participated as a partner in related committees, coalitions, teams, or work groups	15	2
Participated in surveillance, monitoring, or evaluation activities	15	1
Provided PRC research findings or interventions used to create policy	9	2
Provided testimony or source of credibility	5	0
Provided training or technical assistance	12	5
Other	0	0

Community Committees and Constituencies

Each PRC is expected to have at least one community committee, but most have more than one.** A community committee can be for the entire center, the core research project, or both. A center-level community committee is the primary group, coalition, or advisory group that represents the community partners and works with the PRC on research and other center-level activities such as communication and evaluation. A project-level community committee provides guidance or feedback on one or more core research project activities. Across all PRCs, there are 87 total committees (Table 20).

** In addition to community committees, some PRCs have other types of committees, including youth advisory committees, communication committees, and scientific committees.

Table 20. Number of Community Committees, by Type, Fiscal Year 2007

Committee Type	Number of PRCs*	Range†	Mean†	Median†	Number of Committees
Center	13	1–5	2.1	1	27
Center and core project	25	1–5	1.5	1	37
Core project	11	1–4	2.1	2	23
Total					**87**

* A PRC can have more than one committee type.

† Reflects data from applicable PRCs.

The PRCs have more than 1,600 members on community committees. Proportionately, there are more members on committees that serve both the center and core research project than on committees that serve one type only (Table 21).

Table 21. Number of Committee Members, by Type of Committee, Fiscal Year 2007

Committee Type	Number of Committees	Range*	Mean*	Median*	Number of Members
Center	27	3–45	15.9	14	429
Center and core project†	37	5–45	21.5	19	796
Core project	23	6–75	18.1	12	416
Total					**1,641**

* Reflects data from applicable committees.

† Excludes two PRCs that did not provide data on number of committee members.

The constituencies, organizations, and perspectives represented on each committee differ; however, all committees include representatives from community-based organizations and from schools or school-based organizations (Tables 22a and 22b).

Table 22a. Main Types of Members,* by Constituencies and Committee Type, Fiscal Year 2007

Center (N = 27)	Center and Core Project (N = 37)	Core Project (N = 23)
Academia	Community-based organization	Community-based organization
Community-based organization	Community resident	Academia
Public health practitioner	Community health center or clinic	Community resident
Health care or medical professional organization	School or school-based organization	School or school-based organization
Business sector	Community coalition	County or local government agency
Research center, institute, or network		County or local health department
School or school-based organization		

* In descending order of number of members.

Table 22b. Number and Percentage of Community Committees, by Constituency* and Committee Type, Fiscal Year 2007

Constituency	Center (N = 27)	Center and Core Project (N = 37)	Core Project (N = 23)
	n (%)	n (%)	n (%)
Community			
Community coalition	9 (33)	24 (65)	7 (30)
Community-based organization	14 (52)	30 (81)	16 (70)
Community resident	11 (41)	28 (76)	14 (61)
Public health			
State health department	11 (41)	18 (49)	3 (13)
County or local health department	9 (33)	23 (62)	12 (52)
Public health practitioner	14 (52)	22 (59)	9 (39)
Health care provider or organization			
Health care or medical professional organization	13 (48)	9 (24)	5 (22)
Health care provider	9 (33)	22 (59)	9 (39)
Hospital	7 (26)	16 (43)	5 (22)
Community health center or clinic	8 (30)	26 (70)	9 (39)
School or parent			
School or school-based organization	12 (44)	25 (68)	14 (61)
Parent	2 (7)	4 (11)	5 (22)
Government			
State government agency	7 (26)	8 (22)	3 (13)
County or local government agency	11 (41)	22 (59)	12 (52)
Nonprofit or foundation			
National nonprofit organization	10 (37)	9 (24)	1 (4)
State, county, or local nonprofit organization	8 (30)	21 (57)	9 (39)
Cultural organization	2 (7)	12 (32)	4 (17)
Faith-based organization	8 (30)	17 (46)	5 (22)
Advocate of health issue	10 (37)	24 (65)	9 (39)
Youth			
Youth agency	7 (26)	8 (22)	6 (26)
Miscellaneous			
Academia	25 (93)	23 (62)	14 (61)
Business sector	12 (44)	16 (43)	4 (17)
Media	2 (7)	8 (22)	0 (0)
Research center, institute, or network	12 (44)	17 (46)	8 (35)

* Data from committees that have < 5 constituencies for each committee type are not shown.

Students Trained

All PRCs are expected to train and mentor students, and 32 PRCs provided data on the number of students trained or mentored, including students who worked with the PRC through research assistantships, independent study, practicum, internships, fellowships, or other activities through core projects, SIPs, or other projects. During fiscal year 2007, the PRCs trained or mentored 707 students; 82% were graduate-level students (Table 23).

Table 23. Number of Students Trained,* by Type of Student, Fiscal Year 2007

Type of Student	Number of PRCs	Range†	Mean†	Median†	Total
High school	10	1–13	4	3	44
Undergraduate	25	1–12	3	2	82
Master's	30	1–93	12.5	6.5	375
Doctoral	31	1–25	5	3	154
Postdoctoral	16	1–9	3	2	52
Total					**707**

* Does not include students who attended PRC training programs (see Table 27).

† Reflects data from applicable PRCs.

The distribution of students trained by PRCs was similar across the funding tertiles; however, PRCs in the highest tertile trained proportionately more graduate students than PRCs in the lowest and middle tertiles (Table 24). The distribution of students trained by the PRCs was similar across actual indirect cost rate tertiles.

Table 24. Number and Percentage of Students Trained, by Tertile of Total Funding and Actual Indirect Cost Rate, Fiscal Year 2007

Type of Student	Total Funding*		
	<$1.3 million N (%)	$1.3–$2.6 million N (%)	>$2.6 million N (%)
High school	9 (4)	13 (11)	22 (6)
Undergraduate	38 (19)	19 (16)	25 (7)
Master's	98 (48)	50 (41)	227 (59)
Doctoral	37 (18)	35 (29)	82 (21)
Postdoctoral	21 (10)	4 (3)	27 (7)
Total	**203**	**121**	**383**
	Actual Indirect Cost Rate†		
	<20%	**20%–<30%**	**≥30%**
High school	28 (14)	9 (4)	7 (3)
Undergraduate	24 (12)	35 (15)	23 (9)
Master's	92 (45)	119 (50)	164 (62)
Doctoral	46 (22)	56 (24)	52 (20)
Postdoctoral	16 (8)	19 (8)	17 (6)
Total	**206**	**238**	**263**

* Number of PRCs by funding category: <$1.3 million = 12; $1.3 million–$2.6 million = 9; >$2.6 million = 12. Number of PRCs that provided data are 12, 9, and 11, respectively.

† Number of PRCs by actual indirect cost rate: <20% = 10; 20%–<30% = 11; ≥30% = 12. Number of PRCs that provided data are 10, 11, and 11, respectively.

The distribution of students trained by PRCs was similar for public and public land grant institutions (Table 25). PRCs in private institutions trained proportionately more master's level students, whereas PRCs in public and public land grant institutions trained more doctoral and postdoctoral students.

Table 25. Number and Percentage of Students Trained, by Type of Academic Institution,* Fiscal Year 2007

Type of Student	Public N (%)	Public Land Grant N (%)	Private N (%)
High school	16 (5)	9 (5)	19 (8)
Undergraduate	54 (18)	11 (6)	17 (7)
Master's	129 (43)	86 (49)	160 (69)
Doctoral	68 (23)	56 (32)	30 (13)
Postdoctoral	34 (11)	13 (7)	5 (2)
Total	**301**	**175**	**231**

* Number of PRCs by type of academic institution: public = 16; public land grant = 7; private = 10. Number of PRCs that provided data are 15, 7, and 10, respectively.

Sixty percent of students trained by PRCs in schools of public health were master's level students, as compared to 34% in schools of medicine (Table 26). PRCs in schools of medicine trained proportionately more doctoral and postdoctoral students than PRCs in schools of public health.

Table 26. Number and Percentage of Students Trained, by Type of School,* Fiscal Year 2007

Type of Student	School of Public Health N (%)	School of Medicine N (%)
High school	35 (7)	9 (5)
Undergraduate	51 (10)	31 (17)
Master's	311 (60)	64 (34)
Doctoral	99 (19)	55 (30)
Postdoctoral	25 (5)	27 (15)
Total	**521**	**186**

* Number of PRCs by type of school: public health = 25; medicine = 8. Number of PRCs that provided data are 24 and 8, respectively.

Training Programs

In addition to training and mentoring students, PRCs offer formal training programs for students, faculty, and community partners. An "available" training program might occur only once, be recurring, or be available for ongoing distribution. PRC core funding may support some or all of the training. An "implemented" training program is one that the PRC presented during fiscal year 2007. The 28 PRCs that provided data on training programs have 138 training programs available; 24 of these PRCs implemented 99 training sessions in fiscal year 2007 (Table 27).

Table 27. Number of PRC Training Programs Available and Implemented, Fiscal Year 2007

Type of Training	Number of PRCs	Range*	Mean*	Median*	Total
Available	28	1–15	4.9	4	**138**
Implemented	24	1–15	4.1	3	**99**

* Reflects data from applicable PRCs.

PRCs in the highest funding tertile had more training programs available (N = 63) than PRCs in the lowest (N = 44) and middle (N = 31) tertiles (Table 28). The number of available and implemented training programs did not vary appreciably across actual indirect cost rate tertiles.

Table 28. Number of Training Programs Available and Implemented, by Tertile of Total Funding and Actual Indirect Cost Rate, Fiscal Year 2007

Type of Training	Total Funding*		
	<$1.3 million N	$1.3–$2.6 million N	>$2.6 million N
Available	44	31	63
Implemented	42	10	47
	Actual Indirect Cost Rate†		
	<20%	20%–<30%	≥30%
Available	45	50	43
Implemented	32	31	36

* Number of PRCs by funding category: <$1.3 million = 12; $1.3 million–$2.6 million = 9; >$2.6 million = 12. Number of PRCs that provided data are 10, 6, and 12, respectively.

† Number of PRCs by actual indirect cost rate: <20% = 10; 20%–<30% = 11; ≥30% = 12. Number of PRCs that provided data are 8, 9, and 11, respectively.

PRCs in public institutions had more training programs available than PRCs in land grant or private institutions (Table 29). The majority of available training programs were implemented by PRCs in all types of academic institutions.

Table 29. Number of Training Programs Available and Implemented, by Type of Academic Institution,* Fiscal Year 2007

Type of Training	Public N	Public Land Grant N	Private N
Available	59	34	45
Implemented	42	29	28

* Number of PRCs by type of academic institution: public = 16; public land grant = 7; private = 10. Number of PRCs that provided data are 15, 5, and 8, respectively.

There are more training programs available in PRCs in schools of public health than in schools of medicine. A large percentage of available training programs were implemented by PRCs in both schools of public health and medicine (Table 30).

Table 30. Number of Training Programs Available and Implemented, by Type of School,* Fiscal Year 2007

Type of Training	School of Public Health N	School of Medicine N
Available	113	25
Implemented	79	20

* Number of PRCs by type of school: public health = 25; medicine = 8. Number of PRCs that provided data are 20 and 8, respectively.

Some training programs at PRCs were associated with research projects. Of the 138 available and 99 implemented training programs, 50 (36%) and 45 (45%), respectively, were associated with research projects (data not shown).

Funding for PRC training programs comes from a variety of sources, including PRC core funds. Of the 138 available and 99 implemented training programs, 84 (61%) and 65 (66%), respectively, were funded by PRC core funds (data not shown).

PRC training programs are directed to a wide variety of audiences. Approximately one-third of available training programs were directed to community members and representatives from community agencies or other nongovernmental organizations (Table 31). One-fourth were directed to project staff, public health employees, and medical, nursing, or other health care students.

Table 31. Number and Percentage of Training Programs Available and Implemented, by Intended Audience, Fiscal Year 2007

Intended Audience	Available (N = 138) n (%)	Implemented (N = 99) n (%)
Academic faculty or other researchers	29 (21)	17 (17)
Community advisory committee members	24 (17)	17 (17)
Community members	46 (33)	39 (39)
Community health advisors, workers, or *promotores*	9 (7)	9 (9)
Community agency or other nongovernmental organization representatives	44 (32)	39 (39)
Government officials or staff	16 (12)	14 (14)
Health care practitioners	31 (22)	28 (28)
Project staff or facilitators	35 (25)	24 (24)
Public health employees (state, county, or local government or tribal)	33 (24)	27 (27)
School or school district administrators, teachers, or staff	13 (9)	10 (10)
Students: high school	2 (1)	2 (2)
Students: medical, nursing, or other health care (undergraduate, master's, doctoral, or postdoctoral)	36 (26)	29 (29)
Students: public health (undergraduate, master's, doctoral, or postdoctoral)	1 (1)	1 (1)
Students: other	15 (11)	15 (15)
Other	8 (6)	5 (5)

Twenty-four PRCs entered data on the number of people trained. In fiscal year 2007, the PRCs trained 4,777 people, of which 957 (20%) were representatives from community agencies or other nongovernmental organizations, 550 (12%) were public health employees, and 450 (9%) were public health students (Table 32).

Table 32. Number of People Trained, by Participant Type,* Fiscal Year 2007

Participant Type	Number of PRCs	Range†	Mean†	Median†	Total Number
Academic faculty or other researchers	19	1–70	18.4	8	349
Community advisory committee members	9	2–30	11.2	7	101
Community members	13	2–85	29.5	27	383
Community agency or other nongovernmental organization representatives	15	2–575	64.0	13	957
Government officials or staff	6	2–59	17.0	11	101
Health care practitioners	12	1–123	25.6	10	307
Project staff or facilitators	15	3–78	19.0	10	284
Public health employees (state, county, or local government or tribal)	14	2–184	39.3	15	550
School or school district administrators, teachers, or staff	9	1–70	14.2	6	128
Students: high school	3	8–37	18.3	10	55
Students: medical, nursing, or other health care (undergraduate, master's, doctoral, or postdoctoral)	8	1–109	27.0	7	214
Students: public health (undergraduate, master's, doctoral, or postdoctoral)	15	1–183	30.0	11	450
Students: other	2	2–5	3.5	4	7
Not specified	11	1–419	81.0	12	891
Total					**4,777**

* Of the 24 PRCs that entered data, one did not differentiate participant type and entered all participants (N = 419) in the other category.

† Reflects data from applicable PRCs.

PRCs in the lowest funding tertile trained more people than PRCs in the middle and upper tertiles; PRCs in the lowest tertile of actual indirect cost rate trained more people than PRCs in the middle and upper tertiles (Table 33).

Table 33. Number and Percentage of Participants Trained, by Tertile of Total Funding and Actual Indirect Cost Rate, Fiscal Year 2007

Type of Participant	Total Funding*		
	<$1.3 million N (%)	$1.3–$2.6 million N (%)	>$2.6 million N (%)
Academic faculty or other researchers	198 (8)	59 (12)	92 (5)
Community members	217 (9)	59 (12)	107 (6)
Community agency or other nongovernmental organization representatives	623 (26)	61 (12)	273 (15)
Health care practitioners	163 (7)	11 (2)	133 (7)
Public health employees	217 (9)	39 (8)	294 (16)
Public health students	139 (6)	94 (19)	217 (12)
Other	876 (36)	179 (36)	726 (39)
Total	**2,433**	**502**	**1,842**
	Actual Indirect Cost Rate†		
	<20% N (%)	20%–<30% N (%)	≥30% N (%)
Academic faculty or other researchers	196 (8)	64 (7)	89 (7)
Community members	154 (6)	135 (14)	94 (8)
Community agency or other nongovernmental organization representatives	615 (24)	205 (21)	137 (11)
Health care practitioners	104 (4)	49 (5)	154 (13)
Public health employees	212 (8)	149 (15)	189 (16)
Public health students	147 (6)	46 (5)	257 (21)
Other	1162 (45)	331 (34)	288 (24)
Total	**2,590**	**979**	**1,208**

* Number of PRCs by funding category: <$1.3 million = 12; $1.3 million–$2.6 million = 9; >$2.6 million = 12. Number of PRCs that provided data are 10, 3, and 11, respectively.

† Number of PRCs by actual indirect cost rate: <20% = 10; 20%–<30% = 11; ≥30% = 12. Number of PRCs that provided data are 6, 7, and 11, respectively.

PRCs in public land grant institutions trained more people than PRCs in public or private institutions (Table 34). PRCs in schools of public health trained more people overall than PRCs in schools of medicine (Table 35).

Table 34. Number and Percentage of Participants Trained, by Type of Academic Institution,* Fiscal Year 2007

Type of Participant	Public N (%)	Public Land Grant N (%)	Private N (%)
Academic faculty or other researchers	151 (9)	134 (6)	64 (6)
Community members	157 (10)	188 (9)	38 (4)
Community agency or other nongovernmental organization representatives	313 (21)	641 (29)	3 (<1)
Health care practitioners	69 (5)	107 (5)	131 (12)
Public health employees	309 (20)	234 (11)	7 (1)
Public health students	69 (5)	165 (8)	216 (20)
Other	451 (30)	715 (33)	615 (57)
Total	**1,519**	**2,184**	**1,074**

* Number of PRCs by type of academic institution: public = 16; public land grant = 7; private = 10. Number of PRCs that provided data are 14, 5, and 5, respectively.

Table 35. Number and Percentage of Participants Trained, by Type of School,* Fiscal Year 2007

Type of Participant	School of Public Health N (%)	School of Medicine N (%)
Academic faculty or other researchers	224 (7)	125 (7)
Community members	265 (9)	118 (7)
Community agency or other nongovernmental organization representatives	337 (11)	620 (35)
Health care practitioners	167 (6)	140 (8)
Public health employees	315 (11)	235 (13)
Public health students	369 (12)	81 (5)
Other	1,314 (44)	467 (26)
Total	**2,991**	**1,786**

* Number of PRCs by type of school: public health = 25; medicine = 8. Number of PRCs that provided data are 17 and 7, respectively.

Publications, Presentations, and Products

PRCs provided information on publications, presentations, and other communication products completed, published, or presented in 2007 (Table 36). One PRC did not enter these data, which might result in an underestimate of the total number. However, some journal articles include authors at multiple PRCs and are counted as a publication by all associated PRCs. Of the 212 publications, 93% were peer-reviewed. Twenty-seven PRCs reported publishing peer-reviewed journal articles in 2007. PRCs also produced 411 presentations, half of which were at scientific or professional meetings.

Table 36. Number of PRC Publications, Presentations, and Products* Completed, Published, or Presented in Calendar Year 2007, by Peer-Reviewed Status

	Peer-Reviewed				Non-Peer-Reviewed†			
Product Type	**Range‡**	**Mean‡**	**Median‡**	**Total Number§**	**Range‡**	**Mean‡**	**Median‡**	**Total Number§**
All Publications				**198**				**14**
Book				1	1–1	1	1	2
Book chapter	1–2	1.5	1.5	3	1–2	1.5	1.5	3
Journal article	1–18	6.8	6	184	1–2	1.4	1	7
Journal issue				1				
Journal supplement				3				
Published abstract	1–3	1.5	1	6				2
All Presentations				**124**				**287**
Conference paper	1–19	4.3	1.5	26	1–3	1.3	1	8
Conference poster	1–10	4	3	42	1–12	3.7	2	41
Conference proceedings				4	2–3	2.5	2.5	5
Presentation: professional or scientific conference	1–12	4	2	52	1–16	6	4	151
Presentation: other					1–22	5.9	2.5	82

Continued on page 39.

Table 36. Continued.

Product Type	Peer-Reviewed				Non-Peer-Reviewed †			
	Range‡	Mean‡	Median‡	Total Number§	Range‡	Mean‡	Median‡	Total Number§
All Other Products				**21**				**225**
Audio								
Booklet					1–8	2.3	1	16
CD-ROM								1
Curriculum or curriculum enhancement				2	1–3	1.8	1.5	11
Dissertation					1–1	1	1	2
Evaluation report					1–3	1.7	1	5
Fact sheet					1–3	2	2	6
Manual	1–2	1.5	1.5	3	1–3	1.9	2	13
Monograph					1–3	1.3	1	8
Newsletter					1–5	2.1	1	19
Newspaper article					1–10	5.3	5	16
Policy document								2
Press kit					1–1	1	1	3
Radio broadcast					1–2	1.5	1.5	3
Report				2	1–12	2.5	2	30
Slide show								
Survey or instrument				2	1–8	3.4	3	17
Television broadcast								1
Thesis				2				3
Video or DVD					1–1	1	1	4
Web site				1	1–3	1.3	1	8
Other	1–3	1.8	1	9	1–9	3.2	2	57
All Product Types				**343**				**526**

* Published in 2007; when no range, mean, or median is given, the total is from one PRC only or no PRC reported data for that product type.

† Includes publications indicated as non-peer-reviewed or for which peer review is not applicable.

‡ Reflects data from applicable PRCs.

§ The total includes some duplicate publications, especially for journal articles, because there could be authors from more than one PRC.

The distribution of publications by peer-reviewed status was similar regardless of tertile of funding or actual indirect cost rate (Table 37). The distribution of presentations and other products was similar by funding tertile; the distribution by actual indirect cost rate was similar for PRCs in the middle and highest tertiles (Table 38).

Table 37. Number and Percentage of Publications,* by Tertile of Total Funding and Actual Indirect Cost Rate, Calendar Year 2007

	Total Funding†		
Publications	**<$1.3 million N (%)**	**$1.3–$2.6 million N (%)**	**>$2.6 million N (%)**
Peer-reviewed	36 (95)	51 (93)	111 (93)
Non-peer-reviewed	2 (5)	4 (7)	8 (7)
Total	**38**	**55**	**119**
	Actual Indirect Cost Rate‡		
	<20%	**20%–<30%**	**≥30%**
Peer-reviewed	80 (93)	61 (91)	57 (97)
Non-peer-reviewed	6 (7)	6 (9)	2 (3)
Total	**86**	**67**	**59**

* Published in 2007.

† Number of PRCs by funding category: <$1.3 million = 12; $1.3 million–$2.6 million = 9; >$2.6 million = 12. Number of PRCs that provided data are 7, 9, and 11, respectively.

‡ Number of PRCs by actual indirect cost rate: <20% = 10; 20%–<30% = 11; ≥30% = 12. Number of PRCs that provided data are 9, 10, and 8, respectively.

Table 38. Number and Percentage of Presentations and Other Products,* by Tertile of Total Funding and Actual Indirect Cost Rate, Calendar Year 2007

	Total Funding†		
Presentations and Other Products	**<$1.3 million N (%)**	**$1.3–$2.6 million N (%)**	**>$2.6 million N (%)**
Presentations	133 (62)	117 (66)	161 (61)
Other products	83 (38)	60 (34)	103 (39)
Total	**216**	**177**	**264**
	Actual Indirect Cost Rate‡		
	<20%	**20%–<30%**	**≥30%**
Presentations	140 (54)	167 (71)	104 (64)
Other products	121 (46)	67 (29)	58 (36)
Total	**261**	**234**	**162**

* Presented or published in 2007.

† Number of PRCs by funding category: <$1.3 million = 12; $1.3 million–$2.6 million = 9; >$2.6 million = 12. Number of PRCs that provided data are 11, 7, and 11, respectively.

‡ Number of PRCs by actual indirect cost rate: <20% = 10; 20%–<30% = 11; ≥30% = 12. Number of PRCs that provided data are 8, 9, and 12, respectively.

The distribution of peer-reviewed and non-peer-reviewed publications was similar regardless of type of institution or school (Tables 39 and 40). PRCs in public institutions produced a similar number of presentations and other products.

Table 39. Number and Percentage of Publications, Presentations, and Other Products,* by Type of Academic Institution,† Calendar Year 2007

Publications	Public N (%)	Public Land Grant N (%)	Private N (%)
Peer-reviewed	85 (94)	57 (93)	56 (92)
Non-peer-reviewed	5 (6)	4 (7)	5 (8)
Total	**90**	**61**	**61**
Presentations and Other Products			
Presentations	170 (52)	116 (74)	125 (73)
Other products	159 (48)	40 (26)	47 (27)
Total	**329**	**156**	**172**

* Presented or published in 2007.

† Number of PRCs by type of academic institution: public = 16; public land grant = 7; private = 10. Number of PRCs that provided data on publications are 12, 7, and 8, respectively. Number of PRCs that provided data on presentations and other products are 14, 7, and 8, respectively.

Table 40. Number and Percentage of Publications, Presentations, and Other Products,* by Type of School,† Calendar Year 2007

Publications	School of Public Health N (%)	School of Medicine N (%)
Peer-reviewed	151 (92)	47 (98)
Non-peer-reviewed	13 (8)	1 (2)
Total	**164**	**48**
Presentations and Other Products		
Presentations	300 (61)	111 (66)
Other products	190 (39)	56 (34)
Total	**490**	**167**

* Presented or published in 2007.

† Number of PRCs by type of school: public health = 25, medicine = 8. Number of PRCs that provided data on publications are 20 and 7, respectively. Number of PRCs that provided data on presentations and other products are 22 and 7, respectively.

Some products were associated with or derived from a specific project. Because products can take time to be published, data are included from both ongoing and completed PRC core projects (N = 57) and SIPs (N = 82). Of those, 35 core projects and 50 SIPs had material published in 2007. In calendar year 2007, a total of 66 publications, 181 presentations, and 132 other products were associated with a PRC project (Table 41).

Table 41. Number of PRC Publications, Presentations, and Products Published in 2007 and Associated with a Core Project or SIP*

	Core Project (N = 35)				SIP (N = 50)			
Product Type	**Range†**	**Mean†**	**Median†**	**Total Number‡**	**Range†**	**Mean†**	**Median†**	**Total Number‡**
All Publications				**16**				**50**
Book								
Book chapter				1	1–1	1	1	2
Journal article	1–2	1.4	1	15	1–7	2.3	2	45
Journal issue								
Journal supplement								
Published abstract					1–2	1.5	1.5	3
All Presentations				**59**				**122**
Conference paper	1–1	1	1	5	1–11	4.3	1	13
Conference poster	1–4	2	1.5	16	1–4	1.9	1	35
Conference proceedings					1–4	2.3	2	9
Presentation: professional or scientific conference	1–4	1.4	1	24	1–9	1.9	1	52
Presentation: other	1–5	2	1	14	1–3	1.9	2	13

Continued on page 43.

Table 41. Continued.

Product Type	Core Project (N = 35)				SIP (N = 35)			
	Range†	Mean†	Median†	Total Number‡	Range†	Mean†	Median†	Total Number‡
All Other Products				**61**				**71**
Audio								
Booklet	1–2	1.3	1	4				2
CD-ROM								1
Curriculum or curriculum enhancement	1–1	1	1	3	1–2	1.3	1	5
Dissertation								1
Evaluation report				1				
Fact sheet								3
Manual	1–1	1	1	3	1–3	1.5	1	6
Monograph					1–1	1	1	5
Newsletter	1–3	2	2	6	1–1	1	1	4
Newspaper article	1–10	5.3	5	16				
Policy document								2
Press kit				1				1
Radio broadcast				1				
Report				1	1–2	1.5	1.5	9
Slide show								
Survey or instrument	2–2	2	2	6	1–2	1.3	1	5
Television broadcast				1				
Thesis	1–2	1.5	1.5	3				
Video or DVD				1				
Web site				1	1–1	1	1	3
Other	1–6	2.2	1.5	13	1–3	1.7	2	24
All Product Types				**136**				**243**

* Reflects both peer-reviewed and non-peer-reviewed publications, presentations, and products; when no range, mean, or median is given, the total is from one PRC only or no PRC reported data for that product type.

† Reflects data from within each PRC.

‡ The total includes some duplicate publications, especially for journal articles, because there could be authors from more than one PRC.

Recognition Awards

PRCs receive recognition, including honors and awards, for accomplishments of the PRC overall, of one or more projects, of one or more PRC staff or faculty members, or of one or more community committees or partners. One award may recognize one or more people. Recognition is made by national, state, and local organizations; local health departments; community-based organizations; academic institutions; and other institutions. Only 19 PRCs completed data in the PRC IS on recognition; one award went to two awardees at the same PRC. Forty-seven individual faculty or staff members received recognition awards across 15 PRCs (Table 42).

Table 42. Number of Awardees, Fiscal Year 2007*

Awardee	Number of PRCs	Range†	Mean†	Median†	Number of Awardees
PRC overall	6	1–3	1.5	1	9
Community or partner organization	10	1–3	1.3	1	13
PRC project	4	1–3	1.5	1	6
Individual faculty or staff member	15	1–11	3.1	2	47
Individual community member	3	1–2	1.3	1	4
Other	3				3
Total					**82**

* When no range, mean, or median is given, the total is from one PRC only or no PRC reported data.

† Reflects data from applicable PRCs.

Awards recognized community involvement or service, science or research, training, a creative or innovative program, or the PRC by its university. The largest number of recognition awards was for the PRCs' community involvement and science or research (Table 43).

Table 43. Number of Recognition Awards, by Purpose of the Award, Fiscal Year 2007

Purpose	Number of PRCs	Range*	Mean*	Median*	Total
Community involvement	17	1–6	1.9	2	33
Science or research	13	1–5	2.3	2	30
Training	7	1–3	1.3	1	9
Recognition within the PRC's university	7	1–4	1.4	1	10
Creative or innovative program	3	1–3	1.7	1	5
Other	4	1–6	2.8	2	11
Total					**98**

* Reflects data from applicable PRCs.

Discussion, Limitations, and Conclusions

This section provides an overall discussion of the data presented here as they relate to the national PRC Program logic model and program indicators and to past recommendations from the Institute of Medicine (IOM)[5] and the Association of Schools of Public Health (ASPH).[6] The IOM report, published in 1997, reviewed the PRC Program and recommended increased evaluation efforts, adoption of a community-based approach to research and dissemination, and improved community input into the PRCs.[5] In 2007, CDC asked the ASPH to review the PRC Program. ASPH convened a Blue Ribbon Panel, which developed a set of recommendations for the program.[6] This section also describes limitations of the data and provides overall conclusions and recommendations.

Discussion

National PRC Program Logic Model

PRC Program indicators capture the main components of the program described by the national logic model (Appendix A). The indicator data presented in this report demonstrate that the PRC Program contributes substantially to public health practice and policy through research and training. Indicator data are now collected on an annual basis and will allow the PRC Program to assess these components over time and use them to set performance targets.

Inputs

Two input indicators analyzed for this report are 1) the amount of PRC annual funding by number of projects and funding sources and 2) the number of PRC community committee members by constituency, organization, and involvement.

Funding

Each PRC's core award is expected to cover infrastructure costs to help the PRC conduct core research, as well as grow and be competitive for funding for additional projects funded by CDC and other sources. The majority of PRCs were very successful in obtaining additional funding from a wide variety of sources.

- The total funding across all 33 PRCs was $86 million, which is 3.5 times the $24 million total of the core awards; one PRC had nearly $13 million in total funding.
- Twenty PRCs had 73 funded SIP awards, and 3 PRCs had 10 or more SIP awards.
- Of the 13 PRCs with no SIP awards, 11 had awards from other sources and 2 PRCs had no additional funding.
- Funding from other sources comprised 40% of the total funding and came from a wide variety of sources, including CDC, NIH, and other federal agencies; state and local agencies; foundations; and academic institutions.

Community Committees

Each PRC is expected to have at least one community committee to provide guidance at the center level or for the core research project. All PRCs have community committees; most have several.

- Of the 87 community committees across the PRCs, 27 are center-level only, 23 are core research project-level only, and 37 serve both levels.
- Across all committees, there are 1,641 members. Committees that serve both the center and core research projects have proportionately more members than committees that serve at one level only.
- Community committee members represent a wide array of constituencies, organizations, and perspectives. Members are most commonly from academia, community-based organizations, community health centers or clinics, community residents, county or local government agencies, county or local health departments, health care or medical professional organizations, research centers, public health practitioners, and school or school-based organizations.

Activities

The main activities analyzed for this report are associated with two indicators: 1) the number of PRC core projects, SIPs, and other projects by study population, setting, and focus area and 2) the number of PRC trainings by audience.

Projects

All PRCs have at least one core project and most have additional projects through SIPs or through other funding mechanisms.

- Across the PRCs, there were 55 core projects, 80 SIPs, and 281 other projects. The majority were research projects: 48, 62, and 195, respectively.
  - Actual indirect cost rates do not affect the number of research projects.
  - PRCs in schools of medicine have a greater percentage of other research projects than do PRCs in schools of public health.
  - Of core research projects that focus on a racial group, most focus on African-American populations and white populations.
  - Of the core research projects that focus on an age group, most focus on adults.
  - PRC research projects take place in a wide array of settings and sites, including rural and urban areas, neighborhoods or communities, medical or clinical sites, and schools or school districts.
- Three-quarters of core research projects involve intervention testing; nearly half of all research projects test interventions.

Training Programs

PRCs are expected to develop and implement formal training programs for students, faculty, and community partners.

- PRCs implemented 99 training programs in fiscal year 2007.
- PRC training programs are aimed at a wide variety of audiences, including community members; community agency representatives; medical, nursing, or other health care students; project staff; and public health employees.
- PRCs in the highest funding tertile had more available training programs than PRCs in the lowest and middle tertiles.
- PRCs in the lowest and highest funding tertiles implemented more training programs than those in the middle tertile.

Outputs

The main outputs analyzed for this report are associated with three indicators: 1) number of PRC publications, presentations, and other products by peer review status and association with projects; 2) number of students trained by PRCs; and 3) number of people trained in formal training sessions by PRCs.

Publications, Presentations, and Other Products

- PRCs reported a total of 343 peer-reviewed and 526 non-peer-reviewed publications, presentations, and other products in calendar year 2007.
- A total of 379 publications and presentations were associated with core projects or SIPs.

Students Trained

- PRCs trained 707 students, 581 of which were graduate-level students, through research assistantships, independent study, practicum, internships, or fellowships.
  - PRCs in the highest funding tertile represent 36% of the PRCs, but trained 54% of students.
  - PRCs in schools of medicine represent 24% of the PRCs, but trained 40% of doctoral and postdoctoral students.

People Trained

- PRCs offer formal training programs to a wide variety of audiences. In fiscal year 2007, PRCs trained 4,777 people, including community agency representatives, public health employees, and public health students.
- PRCs in the lowest funding tertile trained substantially more people than did PRCs in the middle and upper tertiles.
- PRCs in land grant institutions trained substantially more people than did PRCs in public or private institutions.

Outcomes

The main outcomes analyzed for this report are associated with two indicators: 1) number of policy and environmental changes from PRC research by type of PRC involvement and 2) number of PRC-related recognition awards received by type of awardee and purpose of the award.

Policy and Environmental Changes

Both research and nonresearch projects can contribute to the creation or alteration of policies or environmental conditions related to health promotion and disease prevention.

- PRC core projects and SIPs resulted in 42 policy and environmental changes.
- Types of policy and environmental changes resulting from PRC projects included changing school wellness and smoking policies, creating bicycle lanes on city streets, and developing walking tracks and trails.
- PRC involvement included funding activities related to the change, participating as a partner on committees or work groups, and participating in surveillance or evaluation activities.

Recognition Awards

Recognition awards reflect honors or awards PRCs received for accomplishments of the overall PRC or one of its projects, staff or faculty members, or community partners.

- Forty-seven recognition awards across 15 PRCs went to faculty or staff.
- Most recognition awards were for the PRCs' community involvement (33) and science or research (30).

IOM and ASPH Recommendations

Recommendations of the IOM report[5] that are reflected in the PRC Program indicators and collected as part of the national evaluation are presented in Table 44.

Table 44. IOM Recommendations and National Evaluation Findings

IOM Recommendations	Evaluation Findings
PRCs' findings should be published in the peer-reviewed scientific literature.	In calendar year 2007, there were 198 peer-reviewed publications.
PRCs should adopt a community-based approach to their research and demonstration efforts.	All PRCs have community committees; across the 33 PRCs, there are 87 committees.
PRCs should document the influence of their activities on public health research, practice, and policy, both locally and nationally.	In fiscal year 2007, PRC core projects and SIPs contributed to 42 policy and environmental changes.

Recommendations of ASPH's Blue Ribbon Panel report[6] that are related to future PRC Program directions are presented in Table 45.

Table 45. ASPH Blue Ribbon Panel Recommendations and National Evaluation Findings

ASPH Blue Ribbon Panel Recommendations	Evaluation Findings
PRCs need to secure additional funding from external sources.	In fiscal year 2007, PRCs received more than $21 million in SIP awards, $2 million in supplemental awards, and $37 million in awards to support other projects.
PRCs need to enhance collaboration with community partners.	PRCs partner with a wide variety of constituencies and organizations, most notably community-based organizations, community residents, community coalitions, and schools or school-based organizations.
PRCs should disseminate their findings to a broad audience.	PRCs disseminate numerous products related to their core projects and SIPs, such as journal articles, conference presentations, conference posters, newspaper articles, reports, and numerous other formats.

Limitations

The indicator data provide substantial information to describe the PRC Program; however, the data have the following limitations:

- The data reflect a single year of data collection during the funding cycle and do not represent all years during the cycle. In addition, data entry became available midway into the year, and it is unclear how much retrospective data PRCs entered.
- The data are self-reported by each PRC, and few data were validated.
- Some PRCs found data entry to be burdensome and might not have entered some data. Limitations related to the burden of data entry include
  - PRCs did not enter all other projects.
  - PRCs did not complete all data entry for projects that they listed in the PRC IS.
  - PRCs did not enter some or all publications, presentations, or other products.

- During data analysis, it became clear that PRCs were confused about the type of data to enter in certain categories, specifically related to outputs and outcomes. Therefore, some indicator data could not be presented in the report, including
  - Number of PRC-tested interventions by level of effectiveness.
  - Number and types of PRC interventions recommended for use by national agencies or organizations.
  - Number of PRC-tested interventions available for dissemination.
  - Number of PRC-tested interventions that have been adopted.

Conclusions

The indicator data demonstrate that PRCs are extremely productive and meet their mandate to develop a research center that has appropriate infrastructure and administration, engages in community partnerships, communicates and disseminates research findings, provides training, and evaluates activities. Most PRCs use their infrastructure to grow their PRC and obtain funding from various sources to support additional research projects. They are engaged with community partners who participate in PRC community committees. PRCs publish in a wide variety of media and present at both scientific meetings and to other audiences, including their community partners.

Aggregate data from fiscal years 2007–2009 will be analyzed in the future. The current data can be used to develop benchmarks for performance for evaluating individual PRCs and the PRC Program overall. Benchmarks will enable the program to identify PRCs that need technical assistance.

Because of the data entry burden of the IS and confusion about the output and outcome data to be entered, the Program office staff are modifying the IS for the 2010–2014 funding cycle. The IS will continue to be used for program monitoring. Some indicator data will continue to be collected through the IS, but most will be collected through other formats, such as surveys, telephone interviews, and document review.

The data in this report provide quantitative evidence of the productivity of the PRC Program, which has never been systematically described before. These data provide a basis for future evaluation and the development of methods to better assess output and outcome data.

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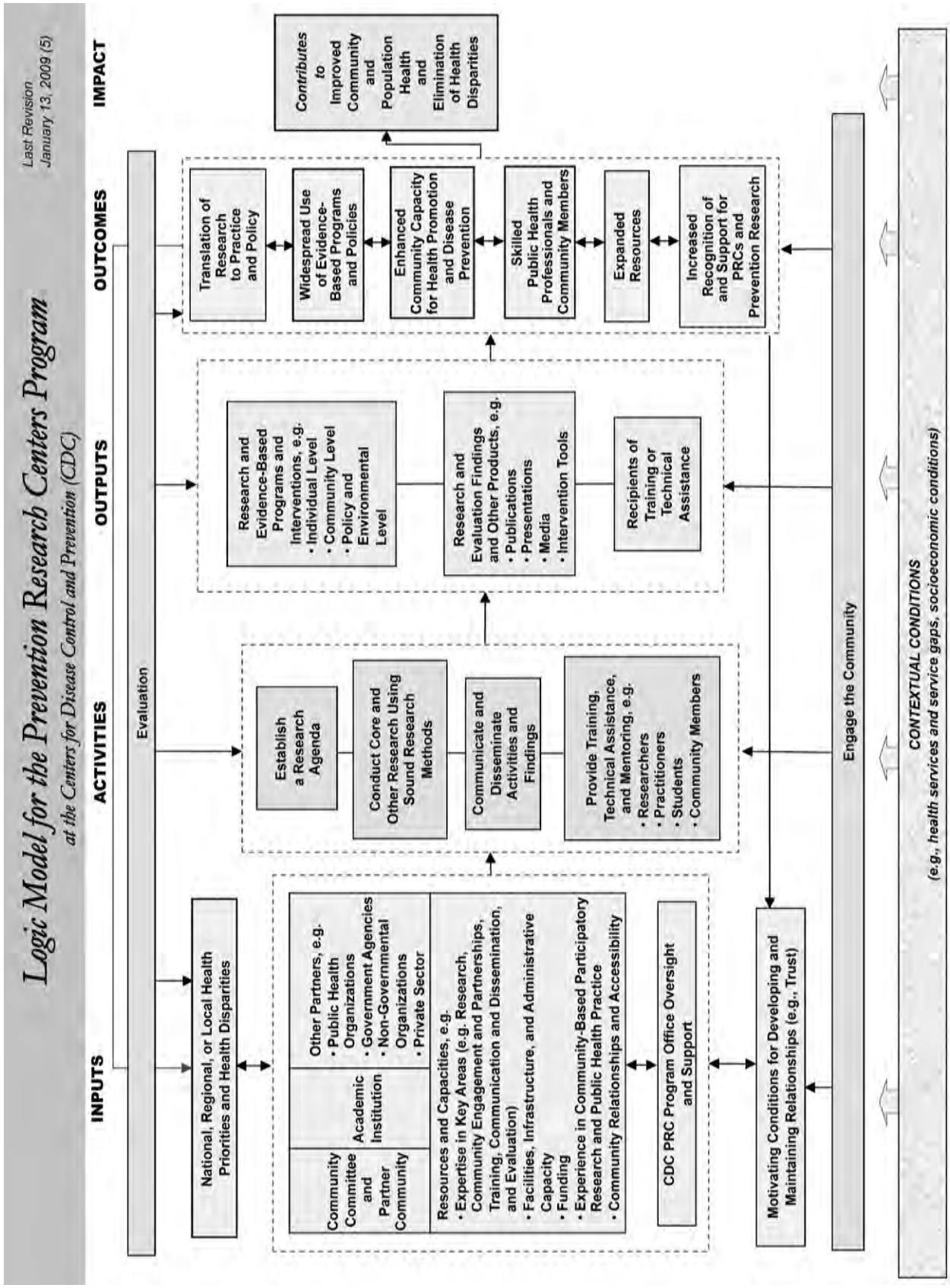
6. Association of Schools of Public Health. C*ommunities and academia working together: report of the Association of Schools of Public Health (ASPH) Prevention Research Centers (PRC) Blue Ribbon Panel.* Available at http://www.asph.org/userfiles/PRC-BRP-Report.pdf.

Appendix A. PRC Program Logic Model



Appendix B. Collaborative Evaluation Design Team (CEDT) Members

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Prevention Research Center

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Staff, Migrant Benevolent Association
Member, Community Advisory Committee
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Center for Health Promotion and Disease Prevention

Cynthia Boddie-Willis, MD, MPH
Director
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David L. Collins (2004–2005 only)
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Morehouse School of Medicine
Prevention Research Center

Josefina Olarita-Dhungana
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Prevention Research Center

Appendix C. PRC Program Indicators

Inputs	1. Number of PRC community committee members, by constituency, organization, and perspective. 2. Number and full-time equivalents (FTEs) of PRC faculty and staff who are supported by CDC funds. 3. Number and type of resources provided by the academic institution to support PRC activities. 4. Amount of PRC annual funding, by number of projects and funding source. 5. Number of PRC partnerships, by constituency, organization, or perspective; existence of written inter-organizational agreements; and funding status.
Activities	1. Number and types of PRC activities in which partners or the community committee are involved. 2. Number of PRC core, special interest, and PRC-affiliated projects, by level of prevention; content, population, and setting focus areas; and (for research projects) research type, design, and study population. 3. Number of PRC trainings, by topic, audience, format, and duration.
Outputs	1. Number of PRC-tested interventions, by level of effectiveness (promising, effective, or adoptable). 2. Number of PRC publications, by peer-reviewed status; journal; content, population, and setting focus areas; and intended audience. 3. Number of PRC presentations, by peer-reviewed status; content, population, and setting focus areas; and intended audience. 4. Number and types of PRC interventions that are recommended for use by national agencies or organizations. 5. Number of other PRC-produced products, by product type, peer-reviewed status, content focus areas, and intended audience. 6. Number of students working with PRCs, by type of work. 7. Number of people trained by PRCs, by audience type.
Outcomes	1. Number of PRC-tested interventions that are available for dissemination, by method of dissemination, level of effectiveness, and number and types of groups to whom it was disseminated. 2. Number of PRC-tested interventions that have been adopted, by number and types of groups that adopted the intervention. 3. Number of policy and environmental changes made derived from PRC research, by topic area, level of change, and type of PRC involvement. 4. Number of PRC-produced products distributed. 5. Number of new prevention grants or contracts awarded to partners or community that were facilitated by the PRC partnership, by purpose of grant, type of PRC involvement, and amount. 6. Number of PRC-related recognition awards received, by awarding organization, type of awardee, and purpose of award. 7. Number of PRC-related media reports, by type of media, media distribution, and focus of report. 8. Number of publications citing PRC work, by journal characteristic.

Appendix D. Prevention Research Centers Funded During 2004–2009

University of Alabama at Birmingham

University of Albany, SUNY

University of Arizona

Boston University

University of California at Berkeley

University of California at Los Angeles

University of Colorado Denver

Columbia University

Emory University

Harvard University

University of Illinois at Chicago

University of Iowa

Johns Hopkins University

University of Kentucky

University of Michigan

University of Minnesota

Morehouse School of Medicine

University of New Mexico

University of North Carolina at Chapel Hill

University of Oklahoma

Oregon Health and Science University

University of Pittsburgh

University of Rochester

Saint Louis University
(with Washington University)

San Diego State University
(with University of California at San Diego)

University of South Carolina

University of South Florida

Texas A&M Health Science Center

University of Texas Health Science Center
at Houston

Tulane University

University of Washington

West Virginia University

Yale University

Appendix E. PRC Information System Modules and Sections

Center Information

- Center staff
- Community committees
- National community committee representatives
- Partners
- Partner grants and contracts
- Evaluation plan
- Recognition awards
- Media highlights
- Students trained or mentored

Projects

- Research design
- Contacts
- Funding
- Focus areas
- Population studied
- Key words
- Community committees
- Partners
- Intervention output and outcomes
- Environmental or policy outcomes
- Related products and training programs

Products

- First author and contact
- Focus areas
- Population and intended audience
- Languages
- Keywords
- Sample

Training Programs

- Primary contact
- Focus areas
- Implementation
- Related products

For more information, please contact
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