



CENTERS FOR DISEASE CONTROL AND PREVENTION  
PREVENTION RESEARCH CENTERS

# HEALTHY AGING RESEARCH NETWORK (HAN)

*Case Study Report*



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# EXECUTIVE SUMMARY

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## INTRODUCTION

An innovative Prevention Research Centers (PRC) program, the Healthy Aging Research Network (HAN) is a group of nine PRCs focused on improving the health of older Americans by conducting quality prevention research, translation, and dissemination of findings. The HAN is unique in that it combines diverse perspectives of network members, many of whom are luminaries in the field of aging studies, and establishes new national linkages to expand prevention research for older adults and their communities. This descriptive case study report was conducted to identify the meaningful characteristics of the intra-network processes involved in the construction and operation of the HAN. Essentially, the case study will explain how the HAN functions and why the HAN is a value-added enterprise for the Centers for Disease Control and Prevention's (CDC's) PRC program and Healthy Aging program. Results of this case study also suggest generalities that may be instructive for other thematic research networks in the PRC program and beyond.

## METHODS

Three sources of evidence provided the basis for this case study—key informant interviews, a document review, and testimonials from community-level partners. For the key informant interviews, three interview guides were developed: one designed for HAN researchers, a second guide developed for external partners of the HAN, and a guide designed for the two arms of CDC leadership associated with the HAN—the PRC program office and the Healthy Aging program. Interview questions focused on how the HAN has contributed to CDC's research agenda in healthy aging. The primary purpose of the document review was to help answer what the HAN has accomplished to date. Testimonials were provided by community-level HAN partners to further elucidate the value added from their involvement with the HAN.

## FINDINGS

- ❖ Interest in working with the HAN included a commitment to creating a research agenda for health aging and the ability to work with strong and accomplished academic researchers to help develop and design best practices in healthy aging.

- ❖ Supplemental resources available to support the HAN and its research come from such organizations as the Robert Wood Johnson Foundation, the National Council on Aging, HAN member universities, and community partners and their projects.
- ❖ A major accomplishment at the HAN's inception was the setting of a research agenda that spans public health and aging services and reflects a social-ecological definition of aging; cross-cutting disease-specific themes and definitions; papers on health promotion and disease prevention; and original research, synthesis, and dissemination.
- ❖ The HAN is viewed as a model network by CDC and other CDC-sponsored networks; the Healthy Aging program has benefited from the availability of experts and research leaders in the field who can support the evidence base in aging, voice the need for a stronger program in aging, and serve as partners in creating a public health aging agenda.
- ❖ The HAN has great appreciation for the time and commitment provided by CDC staff members, including their involvement in working groups, participation during HAN conference calls, and their overall support of the HAN. In addition, the commitment, time, and leadership provided by the lead center (the University of Washington) are central to moving the HAN research agenda forward.
- ❖ Partnerships—both across network centers and with external organizations—are vital to the HAN's success. HAN members work together both formally and informally, creating a community of colleagues dedicated to promoting healthy aging.
- ❖ Funding level was repeatedly mentioned as a challenge that makes it difficult for the HAN members to move ideas forward in a timely manner after developing research ideas.

The findings from key informant interviews, the document review, and community testimonials all demonstrate the HAN's continued success in conducting healthy aging research and disseminating findings. Additionally, the HAN has demonstrated the value of using a thematic research network structure to access different expertise around the country to help with developing and disseminating a health promotion agenda. Additional direct funding and staff resources are needed for centers to continue to accomplish the mission and objectives of the HAN and to contribute to a national healthy aging agenda.

# HEALTHY AGING NETWORK CASE STUDY

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## INTRODUCTION

Since the mid-1990s, public health has shifted to a greater emphasis on partnerships, opportunities for leveraging resources, and collaboration of experts to tackle new and emerging issues. The Centers for Disease Control and Prevention's (CDC's) Prevention Research Centers (PRC) program, a network of 33 academic-community partnerships, is at the forefront of this strategy to build alliances, agendas, and processes that address the most demanding community-level health challenges.

An innovative PRC program, the Healthy Aging Research Network (HAN), is a group of nine PRCs (Appendix A) focused on improving the health of older Americans by conducting quality prevention research, translation, and dissemination of findings. The network is funded by the Healthy Aging program located in Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion, CDC, through CDC's Special Interest Project (SIP) cooperative agreement funding mechanism. The HAN also focuses on the adoption of policies and programs by engaging policymakers, planners, and practitioners. The HAN is unique in that it combines diverse perspectives of network members, many of whom are luminaries in the field of aging studies, and establishes new national linkages to expand prevention research for older adults and their communities. The HAN includes external partners from national, state, local, and community-based organizations. Leaders of CDC's PRC and Healthy Aging programs are also involved in the HAN's work as well.

## METHODS

This descriptive case study report was conducted to identify the meaningful characteristics of the intra-network processes involved in the construction and operation of the HAN. The case study project was funded by the PRC program and conducted through an external evaluation by Macro International Inc. This effort explores dynamics of the program from the perspective of key stakeholders. Essentially, the case study explains how the HAN functions and why the HAN is a value-added enterprise for CDC's Healthy Aging program and the PRC program. The case study also explores ways the network could be enhanced for optimal functioning. Results of this case

study provide insights that may be instructive for other thematic research networks in the PRC program and beyond.

## **STUDY QUESTIONS**

The overall study question examined is the following: How has the HAN functioned and why has the HAN been a value-added enterprise for CDC's Healthy Aging and PRC programs? To address this overall study question, the specific research questions for the case study focused on the following:

- ❖ What are the accomplishments of the HAN to date?
- ❖ What is the value added by using the thematic research network structure?
- ❖ What other capacities does the HAN have that are not currently being implemented or taken advantage of?

## **UNIT OF ANALYSIS**

For the purpose of this case study, the unit of analysis is the HAN as a network. The HAN includes members from CDC, researchers affiliated with universities, and external partners working in various community and health organizations. Individuals from all three groups were included in the case study to inform understanding of the functioning and added value of the HAN.

Although the HAN continues to develop new activities and make progress on existing projects as part of its research agenda, this case study reflects activity of the HAN through September 30, 2006.

## **METHODS**

Three sources of evidence provided the basis for this case study—key informant interviews, a document review, and testimonials from community-level partners.

### ***Key Informant Interviews***

Key informant interviews were conducted with participants representing:

#### **CDC Leadership:**

- ❖ One member of the Healthy Aging program
- ❖ One member of the PRC program office.

### **HAN Researchers:**

- ❖ One member from the HAN lead center
- ❖ One member from the Healthy Brain workgroup
- ❖ Two members from the Physical Activity interest group
- ❖ Two members from the Environmental Factors interest group
- ❖ Two members from the Research Dissemination and Practice (RDPG) workgroup

### **External Partners:**

- ❖ One member from the National Council on Aging (NCOA)
- ❖ One member from the National Association of Chronic Disease Directors (NACDD)
- ❖ One member from the Alzheimer’s Association
- ❖ One member from the American Society on Aging (ASA)
- ❖ One member from the Administration on Aging (AoA)
- ❖ One member from CDC’s Division of Nutrition and Physical Activity (DNPA).

The Macro International Inc. research team developed the interview guides in collaboration with the CDC Healthy Aging and PRC programs. Four distinct interview guides were developed (Appendices B–E). One guide, designed for HAN researchers, included questions about the researchers’ background and role on the HAN, their perceptions of the value added by their participation in a thematic research network and HAN funding, infrastructure, accomplishments, partnerships, and other capacities not currently being implemented. A second interview guide developed for external partners of the HAN addressed some of the questions asked of HAN researchers and also explored the external partners’ perceptions of the HAN’s recognition by other groups over time and ways they believed that the HAN’s infrastructure has affected their partnership. Finally, interview guides were designed for the two arms of CDC leadership associated with the HAN—the PRC program office and the Healthy Aging program. Interview questions focused on how the HAN has contributed to CDC’s research agenda in healthy aging.

CDC’s Healthy Aging and PRC programs, members of the HAN evaluation workgroup, and the Macro International Inc. research team helped identify individuals to participate in the study based on their involvement in HAN activities and research. Four members of the Macro International Inc. research team conducted key informant interviews with eight HAN researchers, six external partners, and two key CDC stakeholders (one leader from the PRC program office and

one from the Healthy Aging program). Telephone interviews were conducted between June and August 2006 with HAN researchers and external partners. In-person interviews were conducted with CDC leadership. Academic researchers were chosen from a list of all university-affiliated HAN researchers. The external partners included researchers and practitioners from community, nonprofit, and government organizations who are members of the HAN.

Each interview lasted approximately one to one-and-one-half hours. Interviewers recorded responses by taking detailed notes during the calls. Each interviewer then transferred data into formatted data matrix tables organized by interview question and by interview guide to facilitate analysis. A content analysis was conducted for each question to identify patterns or themes that were clearly and frequently expressed within and across each group. At the bottom of each data matrix was a section where a summary of responses for each question was created. The summaries were used to write the case study. Every attempt was made to ensure that all comments and insights were reported in a consistent and accurate manner.

A few study caveats should be noted. With regard to the choice of interview participants, they were reflective of HAN researchers, external partners, and CDC leadership working on or with the HAN. However, no members of other research networks participated in the interviews. Although HAN researchers may participate in other research networks, they were not asked to reflect upon or compare their experiences because the HAN was the unit of analysis for this study. Also, the number of people interviewed for the case study—8 HAN researchers, 6 external partners, and 2 leaders from CDC—were limited by availability of time and resources and did not constitute a representative sample of respondents. These individuals did, however, have in-depth knowledge of the HAN and its functioning and so were able to provide important information to address the primary case study questions. Additionally, to some extent, interview questions focused on assets and received overwhelmingly positive answers. In an effort to address these limitations, data from the document review and the key informant interviews were triangulated in order to establish the depth of the themes and patterns found. The interview responses were clearly confirmed by the document review findings.

## ***Document Review***

The second method employed in the case study was a document review. The primary purpose of the document review and summary report (Appendix F) was to help discern what the HAN has accomplished to date. Documents used included:

- ❖ Strategic planning documents
- ❖ Evaluation/summary data
- ❖ PowerPoint HAN overview presentation
- ❖ Summary of progress reports
- ❖ University of Washington's application as lead center
- ❖ Individual HAN member centers' applications and progress reports

For the document review, data were abstracted systematically from each document using a template (Appendix G) developed by Macro International Inc. with input from the HAN evaluation committee and CDC's Healthy Aging and PRC programs. The document review template recorded data on the purpose and description of the documents being reviewed, including major points and themes presented in the documents and specific accomplishments of the HAN that were identified. The abstracted data were compiled and analyzed through the lens of the research question, "What has the HAN accomplished to date?" Not all documents were found to be relevant to answering this question and, in those instances, only information relevant to answering the question was abstracted for this review. Once relevant data from the documents were identified and abstracted, they were compiled to form a list of projects, products, and activities representative of the HAN's accomplishments and cross-checked to ensure the data were complete. An additional review by the Healthy Aging program staff helped to clarify and update the final list of accomplishments.

## ***Testimonials***

The third case study method involved eliciting stories from community-level HAN partners to further elucidate the value added by their involvement with the HAN. Partners were asked via e-mail to respond in writing to the following question: "Describe how your connection to or involvement with the PRC HAN or its activities has benefited individuals or groups in your community or state." Six individuals responded with stories relating observed community benefits.

## FINDINGS

### JOINING THE HAN

#### Key Findings:

1. Interest in working with the HAN included a commitment to creating a research agenda for healthy aging and the ability to work with strong and accomplished academic researchers to help develop and design best practices in healthy aging.
2. The availability of funding was not a major motivation for participation in the HAN and, given the minimal resources provided to each university, CDC leaders marveled at the accomplishments and collegiality of HAN members.

Most of the HAN researchers became involved with the HAN during its inception in September 2001. Interest in working with the HAN seemed first and foremost to be an appreciation of, and personal commitment to, the HAN's purpose, which is to create a research agenda for healthy aging and to enhance provider capacity. External partners, such as the AoA and the NCOA, became involved in the HAN for similar reasons including the ability to work with strong and accomplished academic researchers to help develop and design best practices in healthy aging. Also, external partners expressed a deep commitment to working for better health and resources for older adults and indicated that their involvement would help them leverage the opportunities provided by the HAN in support of those goals.

CDC leaders marveled at the accomplishments and collegiality of HAN members, especially given the minimal resources provided to each university. They suggested that the group works well together for three primary reasons:

“They produce so much, given so little dollars. They increase the visibility and advocacy with research.”

*CDC Leader*

- ❖ The way the HAN began encouraged participation only from those who truly wanted to be involved and who are committed to promoting healthy aging.
- ❖ There is not enough money given to the HAN PRCs to create competition between centers. These researchers are devoted to the work and give much of their time, even with limited financial resources to support them.

“Faculty devote time above and beyond any specific compensation.”

*HAN Researcher*

“We are doing a lot and are spread very thin, wearing multiple hats. But because people are so committed to the HAN we are able to stretch our funding as much as we can.”

*HAN Researcher*

- ❖ The members want to be part of a network that influences the national aging agenda. It is prestigious to belong to the HAN. There are good colleagues with shared interests, and they are able to network across the PRC program.

HAN researchers also indicated that the availability of funding was not a major motivation for their participation in the HAN because resources for the enterprise were minimal. One researcher commented that “the initial application was a two-year grant for \$50,000. But, I was looking for a vehicle that would become a way to translate research into practice for healthy aging. I recognized immediately that the HAN would be a great idea.” The initial funding of \$50,000 was awarded solely to the researchers’ network center.

Many HAN researchers commented that the HAN grant funding level under represents the amount of work contributed by the researchers. Respondents expressed that this is problematic because it necessitates “borrowing” time from other projects. Also, indirect costs are often subtracted from the HAN funding pool for the university budget; consequently, very little remains for researchers’ salaries and other HAN work. Although the funding level may be problematic for supporting the HAN researchers’ roles, one respondent’s comments are illustrative of an overall sentiment expressed in many interviews, “I believe the work the HAN does is so important that my actual budgeted hours are not as important. I do not track the hours I work for the HAN because the overall good of the network is more important.”

## **MEMBER RELATIONSHIPS**

### **Key Findings:**

1. The HAN members work together both formally and informally, creating a community of colleagues dedicated to promoting healthy aging.
2. Partners have found the HAN to be an enriching network where a common collaborative atmosphere exists for participation and dialogue.

HAN researcher roles and relationships are extensive and varied, including:

- ❖ Provision of core research support
- ❖ Involvement in interest groups and workgroups that focus on specific aspects of healthy aging, such as physical activity and nutrition
- ❖ Participation in conference calls and biannual meetings.

The HAN members work together both formally and informally, creating a community of colleagues dedicated to promoting healthy aging. Informally, the researchers keep in communication with each other to discuss and prioritize current research projects and potential research on healthy aging. Formally, HAN

“An unexpected by-product of working with the HAN is that it is very pleasant to work with everyone in the group. We all get along wonderfully and that has made accomplishing the HAN goals and objectives easier.”

*HAN Researcher*

researchers join specific interest groups and workgroups to conduct healthy aging research collaboratively and set future research agendas. These groups focus on addressing various components of the healthy aging research agenda and a range of areas, including physical activity, research dissemination practice, healthy brain functioning, environmental measures, depression and older adults, evaluation, and nutrition. The HAN researchers often collaborate with each other to disseminate findings or translate research into practice. For example, the Physical Activity Survey workgroup, which designed and implemented a survey of programmatic and environmental physical activity opportunities for older adults across seven sites, created and disseminated service directories of community resources, and published articles in gerontology journals.

The external partners' roles on the HAN include attending meetings and participating on conference calls. These partners serve in an advisory role, providing feedback and conducting planning activities. Some also work on workgroups and interest groups. The external partners have found the HAN to be an enriching network where all parties are on common ground and a collaborative atmosphere exists for participation and dialogue. The external partners' involvement with the HAN has changed over time. For many it took a while to become highly involved, but the respondents described being active participants in HAN activities currently.

When asked how HAN activities integrate with other PRC activities, HAN researchers explained that the extent of coordination varies according to the focus and interests of the PRC. In some universities, research activities of the HAN are linked very closely with those of the PRC, even if the HAN may not be physically housed within the PRC. Additionally, if the HAN activities are related to the PRC core research it facilitates researchers' ability to disseminate effective programs. In contrast, some university PRCs are distinct and separate from the HAN-related activities, and if the PRC does not have an explicit focus on aging, then the HAN activities may not be coordinated with other PRC activities.

## FUNDING AND INFRASTRUCTURE

### Key Findings:

1. Having a research focus aligned with the research of the member center enables researchers to secure additional funding.
2. Supplemental resources available to support the HAN and its research come from such organizations as the Robert Wood Johnson Foundation (RWJF), the National Council on Aging (NCOA), HAN member universities, and through community partners and their projects.
3. The existence of the HAN provides a mechanism for important new initiatives because of its reputation and infrastructure.

Several factors enable researchers to secure additional funding to support HAN activities, including having a research focus that is aligned with the research of the member center and partnerships with local and national organizations conducting similar work on healthy aging. In addition to the base funding the HAN receives from CDC for infrastructure to support the HAN's functioning and organization, member centers may have supplemental resources to support HAN activities. The supplemental resources available to support the HAN and its research are varied. Some include accessing resources through community partners and their projects. An example of the HAN acquiring additional funding from local community projects is a subcontract obtained with NCOA to conduct a randomized trial to study the impact of best practices on physical activity. This subcontract resulted from HAN work; representatives from the NCOA were impressed with the HAN's accomplishments. Researchers noted that the relationships cultivated with the NCOA may provide a vehicle in the future to disseminate the findings and lessons learned from the best practices study.

Resources to support the HAN come from other organizations as well, such as RWJF. As one respondent explained, "Had it not been for the HAN network, we really would not have had the resources to apply for that project. The reviewers, in fact, highlighted the HAN as a strength in awarding the project."

The HAN member universities also provide resources to support the HAN. Currently, the universities provide an average of an additional 30% of in-kind contributions and resources on top of the infrastructure dollars given by CDC.

This support can come in the form of supplementing the principal investigator's and other

"If you depend on this network as a source of funds, it is a challenge. It is harder for smaller PRCs that don't have the depth in aging."

*CDC Leadership*

professionals' salaries, providing graduate students, statistician and library staff assistance, and even the use of the universities' furniture and lights. The challenge, however, is that at research universities, faculty members are expected to have sponsored research (e.g., grants) to support their salaries, and faculty members are evaluated on their ability to secure a research/grant-funded salary. One respondent stated, "It is difficult to balance the needs of the HAN with the obligations of the university. I want to devote more time to HAN activities, but I cannot 'borrow' time from other projects that contribute to my salary." Support for HAN activities also comes directly from CDC. For example, the lead HAN center, the University of Washington, coordinates the logistics of the HAN annual meetings so that other HAN centers can focus on research on the science of aging. HAN researchers expressed that it would be inefficient for each center to "recreate" the meetings themselves.

CDC has also developed additional SIP proposals for work on specific older adult health projects that are priorities for CDC and are included in the HAN research agenda. These SIPs provide additional funding over a 2–3 year period for well-defined research projects. The HAN successfully applied for two SIPs between 2004 and 2006.

The Healthy Brain workgroup was awarded a CDC SIP in 2006 for formative research on cognition with a focus on message identification and refinement consistent with current state of science, and the Depression workgroup successfully competed for a SIP in 2004 to conduct an evidence review on interventions and screening instruments for depression in older adults. The SIP funding mechanism generally provides funding of at least \$100,000 per year. Additionally, CDC solicits proposals annually for conference support. The HAN Conference Grant workgroup used this mechanism and was awarded funds through the Healthy Aging program to develop a series of three conferences for professionals on topics, such as physical activity and depression, related to the HAN agenda.

"The existence of the HAN provides a mechanism for important new initiatives as they arise because of their reputation and infrastructure."  
*HAN Researcher*

Furthermore, HAN's reputation and infrastructure provide a base for launching important new initiatives as they arise. For example, the Alzheimer's Association and CDC obtained new resources from Congress for a multifaceted approach to promoting brain health with a focus on lifestyle issues, called the Healthy Brain Initiative. Not only were HAN members asked to serve on the science board for the resulting Healthy Brain Initiative: A Public Health Roadmap to Maintaining Cognitive Health, but also they received supplemental resources from CDC so that they

could conduct focus groups in each of the nine centers to understand people's view of brain health. These HAN members all used the same moderator's guide and conducted focus groups that included participants from a range of ethnic and racial groups to understand brain health from a variety of perspectives. Together they coded the data, and the report of these data will assist in this important agenda. This initial work provided a solid foundation and created an infrastructure within the HAN for Healthy Brain Initiative activities, allowing the network to be competitive when a SIP focused on brain health and cognition was announced within the PRC program.

Most of the external partners interviewed do not provide extensive funding to the HAN. One partner supports the HAN by devoting a portion of staff time to HAN activities. Another provides limited funds to the HAN through a resource center grant that supports the NCOA Center for Healthy Aging and agreed to support training sessions over the next three years. Although the external partners have provided limited additional funding, some expressed interest in helping to promote activities and research and link people to evidence-based resources. For example, there is a funding pathway for HAN programs to be disseminated through state aging units, and external partners are interested in networking and promoting the programs developed.

As one exception, one of the external partners has given over \$1 million dollars in funding to the HAN. The largest part of the money was given to the University of Illinois, Chicago, to fund a randomized trial of three of the top 10 best practice sites (Madison, WI, Silver Spring, MD, and Raleigh, NC) in community-based physical activity programming for older adults. Over a period of three years, \$800,000 was given. Also, contracts amounting to between \$10,000 and \$15,000 were awarded to different universities to conduct pilots to develop and pretest surveys, analyze data, and report and publish results. Additionally, CDC's Division of Nutrition and Physical Activity (DNPA) contributed more than \$60,000 to the University of Washington to build a Web-based survey. One of the external partners is also helping fund the HAN conference on physical activity by providing travel scholarships for leaders in the minority community.

## **ACCOMPLISHMENTS TO DATE**

### **Key Findings:**

1. A major accomplishment at the HAN's inception was the setting of a research agenda that spans public health and aging services and reflects a social-ecological definition of aging; cross-cutting, disease-specific themes and definitions; papers on health promotion and disease prevention; and original research, synthesis, and dissemination.

2. Numerous HAN accomplishments include projects, grants and funding, products, partnerships, conferences/workshops/presentations, abstracts and posters, and publications.
3. External partners expressed that research accomplishments exist because the HAN exists. A group of researchers working together is more effective and allows more to be accomplished than an individual researcher.
4. The HAN Website (<http://depts.washington.edu/harn/>) offers updated information on HAN projects, grants and funding, products, partnerships, conferences/ workshops/ presentations, abstracts and posters, and publications.

In the five years since its creation, the HAN has achieved an abundance of research accomplishments. First, at its inception, the HAN set a research agenda. The research agenda spans public health and aging services and reflects a social-ecological definition of aging; cross-cutting

“Overall research accomplishments exist because the HAN exists; a group of researchers working together is more effective and allows more to be accomplished than an individual researcher could.”

*External Partner*

diseases specific themes and definitions; papers on health promotion and disease prevention; and original research, synthesis, and dissemination. In addition to the research agenda, specific examples of HAN research projects and other network activities are described below. The following HAN accomplishments came directly from the document review and were confirmed by the interviews.

### ***HAN Projects***

- ❖ The Survey workgroup has focused on the development of a national Web-based toolkit, “Active Options,” based in part on the successful Senior Health Alliance Promoting Exercise (SHAPE) guide ([www.shapechicago.com](http://www.shapechicago.com)), to facilitate physical activity program assessment and the development of older adult resource directories for local communities to be used by individuals; senior information and referral centers; providers to encourage use of programs; planners in identifying areas of need; and researchers concerned with promoting the evidence base for physical activity. Both CDC and NCOA have contributed funding to the piloting of this project.
- ❖ The Environmental Factors workgroup conducted a HAN-wide training for an environmental audit instrument tailored to address items related to physical activity (walkability), older adults, and the built environment. Community partners were directly involved in this national training

in preparation for community-sponsored audits to be conducted in the summer of 2004 at HAN sites.

- ❖ The HAN formed the Nutrition interest group to explore the network-wide interest in nutrition for older adults. The interest group has proposed examining disparities in the food environment (food accessibility, affordability, and availability) across different geographic areas of the participating member centers.
- ❖ As previously noted, CDC was awarded congressional funding for the development of an Alzheimer's disease-specific segment (the Healthy Brain Initiative) of the Healthy Aging Program. The HAN rapidly responded in a unified position to address CDC's request to bring its expertise and capacity under this new initiative. Initial discussions of the network's interest and participation has put the Healthy Brain Initiative onto the HAN agenda, and the network is working with CDC and its partners (Alzheimer's Association, National Institutes of Health, AoA, and other state and national partners) to develop a public health roadmap related to brain health. CDC was able to provide supplemental funding to the HAN to participate in the national planning and for formative work through focus groups with older adults on their views about brain health and behavior.
- ❖ The Depression workgroup has worked to complete a systematic review of the scientific literature and recommended community sources to identify effective interventions and screening instruments for addressing depression in older adults. The focus is to identify those interventions particularly suitable for dissemination to older adults through the public health and aging services networks and to make recommendations about how such dissemination could be accomplished.

### ***Grants and Funding***

The following are examples of dollars brought into the HAN beyond the core infrastructure funds awarded by CDC to member centers:

- ❖ The Environmental Factors workgroup was successful in obtaining a grant titled "Environmental Correlates of Walking in Older Adults" from the RWJF, Active Living Program. This project will include environmental assessments and interviews with approximately 800 older residents in five areas covered by the HAN.
- ❖ The Conference Grant workgroup has collaborated closely with the RDPG, HAN community members, and other national stakeholders including the Lifetime Fitness Program to develop a

comprehensive conference series over the three-year period 2007–2009 to address state training needs and serve as a conduit for HAN dissemination related to current agenda topics including physical activity and depression. The proposal was approved and slated for funding in 2006 by CDC. Additional funds have been committed by NCOA and the Retirement Research Foundation.

- ❖ The Physical Activity Intervention Grant interest group has proposed a multisite physical activity intervention grant proposal aimed at increasing the network’s understanding of ways to promote physical activity in older African American populations. The project was not funded nationally but did receive funding through the local PRC to pilot test the physical activity intervention.
- ❖ The Healthy Brain workgroup received supplemental funding from CDC to conduct a multisite qualitative study of older adults’ views about brain health and behavior. Forty-seven focus groups were conducted in nine HAN sites and involved diverse populations of older adults.

### ***HAN Products***

- ❖ As part of the systematic review of the scientific literature in depression and older adults, the HAN has produced a database and codebook of all terms and methods used in the review process that will be developed into evidence-based tables describing the effective interventions and screening instruments and the criteria used to recommend them. The Depression workgroup is also working on a series of publications for professional audiences describing the review process and findings as well as the practical elements of implementing the recommended interventions for community settings.
- ❖ The HAN developed materials to educate aging services providers about the concept of evidence-based health promotion and discuss the tested and evaluated programs available for their practices. The RDPG workgroup has collaborated with NCOA to develop several reports in this area.
- ❖ HAN produced a national Web-based toolkit, “Active Options,” to help assess physical activity programs and developed older adult resource directories for local communities. This work was based on a survey instrument developed in 2002 to identify and categorize organized community-based physical activity programs that are senior-friendly. The Web-based system will allow any community to generate a user-friendly local resource guide tailored to the community’s needs.

### ***HAN Partners/Partnerships***

- ❖ The HAN made a formal commitment to the Agency for Healthcare Research and Quality in support of a training workshop conducted in partnership with the AoA, CDC, National Institutes of Aging (NIA), Centers for Medicare & Medicaid Services (CMS), and the National Academy of State Health Policy.
- ❖ Through the RDPG, the HAN has established strong linkages to the NCOA, AoA, the National Association of State Units on Aging, the American Society on Aging, and the National Association of Chronic Disease Directors' Healthy Aging Initiative to disseminate research-based evidence, translate research into community practice, and share expertise on healthy aging.
- ❖ The Depression workgroup has received support and expertise from a number of organizations outside of the HAN, including Cornell University and the Group Health Cooperative in Seattle, WA, to complete a systematic review to identify effective interventions and screening instruments for addressing depression in older adults.
- ❖ The HAN formed the Nutrition interest group to explore the network-wide interest in nutrition for older adults. The interest group has proposed examining disparities in the food environment (food accessibility, affordability, and availability) in different geographic areas of participating member centers. One of the newer groups within the HAN, the Nutrition interest group has focused on identifying interest and expertise across the member centers to participate in the interest group.

### ***Conferences/Workshops/Presentations***

- ❖ The HAN supported, made presentations, and provided technical assistance to a training workshop entitled “National Initiative on Evidence-based Disability and Disease Prevention for Elders: Translating Research into Community-based Programs” in December 2004. The workshop was conducted in partnership with AoA, CDC, NIA, CMS, and the National Academy of State Health Policy and was designed to assist multidisciplinary state teams with the design and implementation of strategies for evidence-based health promotion.
- ❖ Multiple presentations have been given by members of the network at the following meetings: 2004 Cooper Institute Annual Meeting, 2004 Mickey Leland National Urban Air Toxics Research Center Symposium, 2004 and 2005 National Chronic Disease Prevention and Control Conference, 2004 and 2005 ASA/NCOA Joint National Conference, 2005 RWJF Active Living Research Meeting, June 2005 CDC Internal Aging workgroup Healthy Aging Seminar Series,

2005 annual meeting of the American Public Health Association, 2005 Directors of Health Promotion and Education annual meeting, 2006 CDC Coordinating Center for Health Promotion conference.

- ❖ The Conference Grant workgroup has collaborated closely with RDPG to develop a comprehensive conference series designed to address state training needs and serve as a conduit for HAN dissemination related to current agenda topics including physical activity and depression. The three-year series of meetings will begin in February 2007.

### ***Abstracts and Posters***

- ❖ What makes this route better? A seven-site pilot study of walking among older adults (Poster). International Congress on Physical Activity and Public Health, Feb. 2006. DM Pluto, LL Bryant, M Kealey, R Hunter, L Hawkes, C Bayles, D Levinger, G Moni.
- ❖ Working together to provide evidence-based healthy aging programs: Public health, aging, and university communities. American Public Health Association Annual Meeting, Dec. 2005. LL Bryant, M Altpeter, E Schneider, N Whitelaw.
- ❖ Making evidence-based lifestyle programs for older adults ready for prime-time in communities: role of CDC's Healthy Aging Research Network (HAN) (Poster). 3rd National Prevention Summit: Innovations in Community Prevention, Oct. 2005. JR Sharkey, B Belza, M Altpeter.
- ❖ Engaging older adults to be more active where they live: Audit tool development (Abstract). 19th National Conference on Chronic Disease Prevention and Control, March 2005. M Kealey, J Kruger, R Hunter, S Ivey, W Satariano, C Bayles, et al.
- ❖ Healthy Aging Network audit tool development and pilot project (Abstract). 2nd Annual Active Living Research Meeting, Feb. 2005. L Bryant, R Hunter, C Sible, D Pluto, S Wilcox, S Tindall, et al.
- ❖ Healthy Aging Network audit tool development and pilot project (Presentation). Active Living Research Meeting, Feb. 2005. Presenter: WA Satariano.
- ❖ PEARLS of Partnership, Agency for Healthcare Research and Quality Evidence-Based Disability and Disease Prevention for Elders. Translating Research into Community-Based Programs. A Workshop for State and Local Teams, Dec. 2004. JP LoGerfo, P Piering.
- ❖ Estimating the supply of physical activity programs for older adults: Results and applications of a multisite survey. Gerontological Society of America 57th Annual Scientific Meeting, Nov. 2004. S. Hughes, C. Bayles, T. Prohaska, R. Hunter, B Williams.

- ❖ Physical activity programs for older adults: Results and applications of a multisite survey (Poster). The Cooper Institute: An Agenda for Diffusion and Dissemination: Increasing Physical Activity in World Populations, Oct. 2004. C Sible, R Hunter, S Hughes, C Bayles, LL Bryant, J Harris, et al.
- ❖ Physical activity program capacity: A multisite discussion on methods and findings in assessing community capacity for providing physical activity programs for older adults. American Society on Aging/National Council on Aging Joint Conference, April 2004. Panelists: S Hughes, LL Bryant, M Kealey, WA Satariano, B Williams.
- ❖ National best practice study to improve reach and quality of physical activity programming for older adults. 18th National Conference on Chronic Disease Prevention and Control, Feb. 2004. NA Whitelaw, BL Beattie, S Sanker, S Hughes, R Seymour.
- ❖ The Healthy Aging Research Network: A collaborative for community-based research and dissemination. 17th National Conference on Chronic Disease Control and Prevention, Feb. 2003 Presenter: J LoGerfo.
- ❖ Methods for examining environmental factors in physical activity and nutrition. 17th National Conference on Chronic Disease Control and Prevention, Feb. 2003. SL Ivey, W Satariano, D Johnson.
- ❖ National community-based research to promote and protect brain health: The Healthy Aging Research Network collaboration. CDC's 2006 National Health Promotion Conference, Sept 2006. Presenter: J Laditka.

### ***HAN Publications***

The HAN has been very active in publishing varied aspects of their work for the research and practice community. The following publications have been highlighted:

#### **Published/Peer-Reviewed**

- ❖ The HAN Writing Group. Prevention research centers healthy aging research network, Healthy Aging Research Network Writing Group. The Prevention Research Centers Healthy Aging Research Network. *Preventing Chronic Disease*. [serial online] 2006 Jan. Available from: URL: [http://www.cdc.gov/pcd/issues/2006/jan/05\\_0054.htm](http://www.cdc.gov/pcd/issues/2006/jan/05_0054.htm)

- ❖ Hughes SL, Williams B, Molina LC, Bayles C, Bryant LL, Harris JR, Hunter R, Ivey S, Watkins K. Characteristics of physical activity programs for older adults: results of a multisite survey. *Gerontologist* 2005;45(5):667–675.
- ❖ Beattie B, Altpeter M. Using the evidence base to promote healthy aging: the model program project. *National Council on the Aging Evidence-based Health Promotion Series*, Vol. 2, Washington, DC: National Council on the Aging. 2005.
- ❖ Altpeter M, Schneider E, Bryant L, Beattie B, Whitelaw N. Using the evidence base to promote healthy aging. *National Council on the Aging Evidence-based Health Promotion Series*, Vol. 1, Washington, DC: National Council on the Aging. 2004.
- ❖ Prohaska T, Belansky E, Belza B, Buchner D, Marshall V, McTigue K, Satariano W, Wilcox S. Physical activity, public health, and aging: critical issues and research priorities. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 2006;61(5):S267–73.
- ❖ Belza B, Shumway-Cook A, Phelan E, Williams B, Snyder S, LoGerfo J. The effects of a community-based exercise program on function and health in older adults: The EnhanceFitness Program. *Journal of Applied Gerontology* 2006;25(4):291–306
- ❖ Bryant L, Altpeter M, Whitelaw N. Evaluation of health promotion programs for older adults: an introduction. *Journal of Applied Gerontology* 2006;25(3), 197–213.
- ❖ Altpeter M, Bryant L, Schneider E, Whitelaw N. Knowing and using what works for older adults. *Home Health Care Services Quarterly* 2006;25(1–2):1–11.

### **In Progress**

- ❖ Aging, physical activity, and mobility: An assessment of the physical and built environments” (in progress)
- ❖ Community-based treatment of late life depression: An expert panel informed literature review (in progress)
- ❖ Recommendations for Screening Instruments and Intervention and to Address Depression in Community-based Older Adults (in progress)

## VALUE ADDED BY USING THE THEMATIC RESEARCH NETWORK STRUCTURE

### Key Findings:

1. The HAN has made a major contribution to CDC's healthy aging agenda, given CDC a larger cache of expertise, and brought a unique and deep advantage to healthy aging.
2. The HAN is viewed as a model network by CDC and other CDC-sponsored networks, and the Healthy Aging Program has benefited by having available experts or research leaders in the field who can support the evidence base in aging, provide voice to the need for a stronger program in aging, and serve as a partner in creating a public health aging agenda.
3. Over time, with continued work, the HAN researchers expect to conduct more research that has translatable findings that older adults and service providers can easily utilize and that will, at the same time, shed a good light on the HAN.
4. The HAN researchers consider the many national and community partnerships cultivated a great accomplishment. Although these partnerships are a significant accomplishment, due to limited resources, some members of the HAN have had to be careful not to promise more than they can deliver. This involves finding a balance between conducting research and navigating potential research.

"I believe we are very successful at what we do. The HAN is composed of some of the best experts in the country in various fields (e.g., physical activity or nutrition). There is a great synergy of bringing together different interest groups to accomplish a mutual goal."

*HAN Researcher*

A major HAN accomplishment involves the perceptions of their external partners, who say they have benefited from working with the HAN. The external partners believe this is the case as the HAN members can coordinate their work well, are very organized, and stay on task. One external partner stated that "being able to tell researchers that we have a relationship with HAN gives a lot of credibility. The HAN is a good resource for anyone who wants to start focusing in this area." As individuals become engaged with the idea of healthy aging research, the HAN is an essential resource to which they can refer others.

"One can describe what the HAN is doing collectively, but it is difficult to describe what individual centers are doing. Every center benefits collectively by drawing on the works and findings of diverse member centers."

*HAN Researcher*

HAN researchers agree that the network has also made a major contribution to CDC's healthy aging agenda. HAN's accomplishments have allowed CDC to obtain information and catapult its efforts in the healthy aging research arena. The HAN researchers believe that the

network has given CDC larger resources of expertise and brought a broad advantage to healthy aging. For example, when first beginning to work on the Healthy Brain Initiative, CDC had little in the way of in-house expertise on the subject. The HAN, however, quickly brought together broad proficiency in diverse areas related to dementia. Overall, “the HAN has contributed to the collective learning of evidence-based health promotion and healthy aging for CDC.”

CDC’s leadership also reflects the view that the HAN has made a significant contribution to the health of older adults’ agenda at CDC. The Healthy Aging Program has benefited by having available expertise or research leaders in the field who can support the evidence base in aging,

“It is also important to note that we all like each other; this makes it much easier to conduct research. This is a very important element for the project to succeed.”

*HAN Researcher*

provide voice to the need for a stronger program in aging, and serve as a partner in creating a public health aging agenda. Not only has the PRC program benefited both from the content of the work but also from the model of a strong and functional thematic network. The HAN is

viewed as a model network by CDC and other CDC-sponsored networks. Interviews with the leaders of CDC’s Healthy Aging program and the PRC program indicate that, within CDC, the HAN has good visibility and credibility and that other networks look to the HAN as an example to follow. The HAN is the oldest PRC thematic research network reinforcing its model status.

### ***The Future Promise of the HAN***

HAN researchers expressed their belief that as the HAN continues to mature, more primary research will be conducted, and, in the future, the HAN will be very competitive in applying for federal research funds, such as with the National Institutes of Health. In terms of achieving a reputation for conducting meaningful research, HAN researchers believe that the HAN is making a name for itself. As one HAN researcher states, “at national conferences, HAN researchers have presented many great presentations and have gained growing recognition. Locally, the HAN name is well known due to the high number of presentations and sponsored activities.” The HAN has received very positive recognition from much-admired experts in the field and participants at various conferences. Over time, with continued work, the HAN researchers expect to conduct more research that has translatable findings to older adults and that service providers can easily use.

## ***HAN Partnerships***

In addition to tangibles such as projects, funding opportunities, and products, the HAN researchers consider the many partnerships they have cultivated to be a great accomplishment.

National-level partners are deeply involved in HAN activities. The national Alzheimer's Association is a primary partner. The Alzheimer's Association encompasses a large body of knowledge and a constituency; and working with the national association

“Partnerships are a necessity in the HAN’s work, and it has been very beneficial to have created partnerships, particularly with the provider community. Providers have helped to further the mission of the HAN.”

*HAN Researcher*

has made the HAN’s work with local Alzheimer’s Association chapters easier. The HAN was able to develop trust quickly with local chapters because the HAN had worked with the national association. The Alzheimer’s Association is now examining risk reduction strategies as a means of improving cognitive functioning. This represents a large shift for the Alzheimer’s Association, which association representatives indicate is largely due to their increased knowledge gained through their work with the HAN.

“The benefits of working with national partners include extra exposure and access to the national stage, networking opportunities, and the synergy of having everyone work together to contribute to the body of knowledge for healthy aging.”

*HAN Researcher*

The NCOA presents another example of how the HAN’s partnerships operate. The NCOA conducts site visits and is keenly aware of programs, such as the best practices physical activity project, and how to disseminate them. The organization has worked closely with the HAN to develop resources and products and create productive relationships.

Other partnerships include relationships between national agencies and HAN workgroups. The RDPG has partnerships with the NCOA, AoA, National Association of Chronic Disease Directors, American Society on Aging, and the Agency for Healthcare Research and Quality. Additionally, the RDPG has a working relationship with the *Journal of Applied Gerontology*, which has supported a series of articles from HAN researchers. These partnerships are a significant accomplishment, but, because of limited resources, the RDPG workgroup has had to be careful not to promise more than it is able to deliver, especially because current funding levels are insufficient to support intensive involvement. To compensate, the RDPG workgroup has had to strike a balance between conducting research and navigating potential research. Another challenge encountered when working with national partners is logistics. HAN researchers explained that it is very difficult to coordinate activities with partners who are extremely busy.

Additionally, lack of funding was identified often as a limitation. HAN researchers believe that the network could do a better job if they had more resources to devote more time to developing partnerships—including those that would enhance strategies for dissemination.

In addition to forming partnerships with national organizations, the HAN also has formed partnerships at the community level. These partnerships are formed in different ways depending on the local community. One HAN member has partnered with their county commission on aging. The commission has senior centers that have been critical to the development of local physical activity resources directories through the Active Options project. County health departments participating on community advisory boards (CAB) have also been good partnerships. Examples of partnerships at the state level include the state unit on aging or the state health department, which established HAN networking with the state government and with the state AARP office. Also at the state level, a lieutenant governor’s Office of Aging worked with the HAN to review focus group materials.

“The HAN has been successful with getting aging and public health departments together under the HAN umbrella.”

*HAN Researcher*

Some area agencies on aging have connected to their areas’ PRC CABs. Although this may not be considered a large contribution, they are committed and have been very involved. For example, one CAB helped the HAN with recruiting community members for a focus group on attitudes about aging, dementia, and cognitive decline. The CAB was instrumental in the recruitment efforts because of its previously established relationships with the community.

The HAN researchers noted that additional benefits the HAN receives from forming community-level partnerships include opportunities to work with intelligent people with similar interests and the friendships that are thus formed. Regarding these community-level partnerships, HAN members again expressed that they believe they are trying to accomplish a great deal with limited resources.

“People have a very positive impression of CDC, and people really want to be involved. People see CDC as very innovative in the area of applied work and want to work with CDC. This network is very much to their advantage.”

*External Partner*

External partners shared their sense that another HAN accomplishment has been increased national recognition. One respondent commented that “the HAN has grown from a barely-funded CDC network to a somewhat independent leader in physical activity and aging.” The external partners believe the HAN is also recognized as one of the most productive networks and a group that moves the agenda forward. There is a hope and expectation that the HAN is going to be a source of new ideas, research, and evidence-based approaches.

## *Relationship with CDC*

### **Key Findings:**

1. The HAN has great appreciation for the time and commitment provided by CDC staff members, including their involvement in working groups, participation during HAN conference calls, and their overall support of the HAN.
2. CDC leaders interviewed stated that the HAN has defined parameters (e.g. membership criteria; knowledge/expertise) in which a PRC should be involved with a thematic network. This is particularly salient as the PRC leadership views thematic networks as a major trend of the PRC program.
3. HAN researchers explained that CDC's Healthy Aging Program hopes to take the seed money provided through the SIP, expand CDC's research capabilities, and provide information to CDC on the areas of need and gaps in research so those areas can be funded.

HAN researchers mentioned their great appreciation for the time and commitment provided by CDC staff members, especially those from the Healthy Aging program. Their involvement in working groups, during HAN conference calls, and their overall support of the HAN were described as having been very valuable. They also appreciate the time and visibility they receive at the PRC meetings.

The PRC program office leadership particularly values the HAN's ability to conduct translation research in an efficient manner. Together, the network members synthesize evidence-based findings that can help the public health and aging services community aging agenda. CDC leaders who were interviewed stated that the HAN has defined parameters (e.g., membership criteria; knowledge/expertise) for a PRC's involvement with a thematic network. This is particularly salient as the PRC leadership views thematic networks as a major trend of the PRC program.

CDC leaders stated that often HAN members do not understand the level of earmarked funds, which limits the amount of discretionary funding available for more HAN support. The aging agenda is a small part of CDC's efforts, and the work does not receive earmarked funds (except for the Healthy Brain Initiative). However, the directors of both the Division of Adult and Community Health and the National Center for Chronic Disease Prevention and Health Promotion actively support the HAN and have stepped up within the agency to make sure that the HAN is supported.

HAN researchers shared their belief that CDC's primary purpose for funding the HAN was to fill a previous gap in developing a research agenda for older adults. They sense that CDC's original objective for the HAN was to broaden its own capacity and knowledge. Additionally, they believe that CDC wants to see the HAN translate research for practitioners to use at a local level. HAN researchers explain that CDC's Healthy Aging program hopes to take the seed money provided through the SIPs, expand CDC's research capabilities, and provide information to CDC on the areas of need and gaps in research so those areas can be funded. The external partners also see CDC's main objective of funding the HAN as a way to promote research on healthy aging and to work with communities nationally to make sure research is relevant to practice. Specifically, the external partners believe that CDC's objectives are: (1) to establish a prioritized agenda for research in public health and aging, (2) to help translate research into public health practice, and (3) to develop and complete tasks in a way that explicitly prioritizes the importance of healthy aging research.

### ***Benefits & Challenges of a Thematic Research Network Structure***

#### **Key Findings:**

1. The network brings together many member centers and experts in the field to help formulate the agenda.
2. The external partners believe that a benefit of having a thematic network research structure is being able to link different expertise around the country. Additionally, the capacity to do multisite research and the ability to bring together a critical mass of researchers that a single university could not assemble is also a benefit. In response, the HAN members have reorganized the networks' structure to include broader interest groups to facilitate bringing additional expertise into the network
3. One challenge for the HAN is the process of funding activities through the Special Interest Project (SIP) mechanism. The SIP process is a competitive mechanism that awards funds to successful applicants. Thus, if individual centers are to be funded through this mechanism they are required to compete for funds and the only way in which a multi-center applicant can be funded is for a single center to successfully compete for funds and then they must subcontract with the collaborating centers, which results in additional administrative costs and reduction in the amount of funds for the project. The process is also a barrier to the support of the network infrastructure because it is difficult to legitimize funding a collaborative set of network activities

as part of the infrastructure when the centers must compete against each other to obtain core funds and the panel members of the peer review process may not be accurately equipped to evaluate infrastructure requests for network activities.

4. Another challenge is present for both member centers and CDC as the funding agency in terms of reporting progress on SIPs. Each participating member center must regularly report progress on their individual contributions to each SIP project which is often difficult in a thematic network because each individual member is unlikely to be primarily involved in all aspects of a network project and the contributions presented may seem disjointed or duplicative of other members. The progress reports are difficult to write for the member centers and often difficult for CDC to determine individual contributions from overall progress made.

Although it is clear that CDC leadership values the HAN, one of the challenges lies in the process of funding HAN activities. CDC leaders believe that there is a challenge in funding the HAN and other thematic networks through a SIP. Usually SIPs fund activities at one PRC. For the HAN and other networks, a SIP requires that researchers in multiple PRCs have to write what they would do and the research described in the application is not always compatible. The process presents a barrier as it is difficult to address the legitimacy of funding a network and its infrastructure so that through an external peer review process, panel members are accurately equipped to evaluate infrastructure requests for HAN activities. External peer reviews, such as NIH panels, are designed for research studies and not infrastructure activities.

The HAN researchers appreciate and agree with the thematic research network approach to structuring the HAN. They noted that SIPs usually are for time-limited, task-oriented projects involving a single center. The network structure, they indicated, is better suited to the broader charge of developing a health promotion agenda and disseminating the agenda to those who can use it. SIPs are the only available mechanism for supporting PRC thematic research networks through the PRC program.

One crucial aspect of the HAN as a thematic research network, is its leadership provided by the lead center. HAN researchers overwhelmingly expressed how expertly the lead center at the University of Washington has built consensus among member centers while, at the same time, being careful to not tackle too many tasks at once.

“Networks are the way of the future.”

*CDC Leader*

The external partners believe that a benefit of having a thematic network research structure is being able to link different expertise around the country. Additional benefits identified by external partners include the capacity to do multi-site research, the ability to bring together a critical mass of researchers that a single university could not bring together and enhancing the careers of others who work in the healthy aging arena. Working with external partners has opened the doors to new avenues of disseminating HAN research and products such as through special journal issues.

The HAN researchers expressed that there is strength in numbers, and the network brings together many member centers and experts in the field to help formulate the research agenda. Another benefit of using a thematic research network structure is having the opportunity to work and develop relationships with other PRCs. The HAN research agenda is purposely broad so that it allows the HAN to work in many areas. Originally the network had sizeable expertise in physical activity and focused its efforts in this area. Over time the HAN was able to bring others into the network for depression and other topics which fit under the agenda. This has expanded the network's capacity. Having funding to provide these opportunities and incentives to collaborate and pursue work together are important—and something the HAN members believed might not have happened otherwise. The HAN can bring together people with common interests to brainstorm and leverage other resources. Also, the external partners believe that as a mechanism, it is nice for CDC to have a thematic research network model to shop around to other centers within its agency. “It represents a mechanism for really engaging CDC with outside researchers. It leverages their resources. Through the HAN they have their presence in this area of research.”

### ***Funding and the Thematic Research Network***

#### **Key Findings:**

1. The amount of funding was repeatedly mentioned as a challenge that make it difficult for the HAN members to move ideas forward in a timely manner after convening and developing research ideas.
2. HAN researchers believe that funding is insufficient due to erosion by inflation, the time involved in convening and learning to work together, the group's inability to do work above and beyond discrete projects, and the lead center's inability to provide other centers with financial support so they can become somewhat autonomous.
3. HAN researchers expressed that members have been extraordinarily generous with their time and effort and there is a shared sense that the HAN is an important undertaking.

Although the thematic research network is a beneficial model, there are some challenges to CDC using the thematic research network structure to fund the HAN. Some of the external partners noted, for instance, that a downside to a decentralized network like the HAN is that it is difficult to explain what it is and what it does. Additionally, funding was repeatedly mentioned as a challenge. One HAN researcher stated that “the funds are meager, so the percent time devoted to the HAN is not very high.” One way in which this challenge manifests itself is that after convening and developing research ideas, it is difficult for the HAN members to move the ideas forward in a timely manner. Also challenging is that funding is difficult with multiple centers. There are many contractual and relationship issues that need to be addressed. For example, when submitting grant applications, subcontracts and consultant relationships need to be ironed out among the HAN member centers submitting the application.

“It is important to continue the work we’re currently doing, but if more funding were available, we could be doing more of it.”

*External Partner*

When asked if the funding is adequate to support HAN activities, the HAN researchers stated that it is not, especially if CDC wants to accomplish its’ healthy aging objectives. Funding is insufficient due to erosion by inflation, the time involved in convening and learning to work together, the group’s inability to do work above and beyond discrete projects, and the lead center’s inability to provide other centers with financial support so they can become somewhat autonomous. Funding from CDC only provides for developing and maintaining an infrastructure for the network or specialized SIP projects. Indirect costs consume a lot of funds across the member centers. In addition, institutional barriers can grow exponentially with nine member centers. For example, the lead center coordinating activities on the Environmental Correlates of Walking in Older Adults project applies an indirect cost rate of 9% to the funds received from RWJF with the exception of consulting and subcontracts in which a 2% indirect cost rate applies. Each HAN member who acts as a participant in the project as a subcontractor also applies a 9% indirect cost rate to the funds it receives from the lead center. HAN researchers explained that by the time the funds are divided among the researchers there is not much left for conducting the intended research activities. However, HAN researchers expressed that “people have been extraordinarily generous with their time and effort, and there is a shared sense that the HAN is an important undertaking: ‘We have to get this right.’ ”

“It is very important to reinforce to CDC the importance of the mission, and that if CDC puts money into the HAN, they will get good results.”

*HAN Researcher*

## ***HAN Leadership and the Role of the Lead Center***

### **Key Findings:**

1. The lead center's coordination is central and provides focus, balance, structure, and guidance for the HAN.
2. The leadership exerted by the lead center is a combination of the individuals within the lead center as well as the functions that the lead center provides.
3. A good lead center develops a high level of trust that will help participants feel comfortable and not afraid to "give away" ideas.

One crucial aspect of the HAN as a thematic research network is its leadership, provided by the lead center. Virtually all respondents underscored that the lead center's coordination is central and provides focus, balance, structure and guidance for the HAN. Respondents from all three groups recognized the vital role of the lead center and the balance it must strike by keeping momentum going and sharing leadership and credit. The lead center must have strong support from its university and should be a well-established PRC with strong support from its administration.

HAN researchers overwhelmingly expressed how expertly the lead center has built consensus among member centers while at the same time being careful to not tackle too many tasks at once. Most respondents not only believe that having a lead center is critical, but also that it would

"Having the core coordinating center to pull all the groups together to organize and administer the work is a tremendous advantage. It was essential to the basic goals of developing network infrastructure."

*HAN Researcher*

not have been possible to achieve what the HAN has accomplished without a lead center. Respondents identified many benefits associated with having a lead center. One is that a good lead center develops a high level of trust that will help participants feel comfortable and not be afraid to "give away" ideas.

Recommendations from HAN researchers are that the lead center should act as a coach and facilitator, not the head of a top-down structure. They also recommended that the lead center should not become the focal point for decision making. Network leaders need to be directive but also open to ideas and not too dogmatic or overbearing: "Everyone must take ownership." Overall, the leadership exerted by the lead center is a combination of the individuals within the lead center as well as the functions that the lead center provides.

Respondents also noted some challenges associated with having a lead center, primarily involving the availability of resources for the member centers when specific activities are not funded. The challenge arises when the lead center needs to determine who will lead a new project, and there is no flexible funding for new initiatives. It puts a burden on the researcher chosen to lead a project when the lead center cannot provide adequate funding to them. Although the lead center receives some extra money for performing the work, HAN researchers do not believe it is anywhere close to covering the amount of time and other resources the lead center puts into the work.

### ***Community Benefits of HAN Research***

#### **Key Findings:**

1. The HAN has been and continues to be a major force in helping local aging populations become more active and healthy.
2. The HAN has been a driving force in ensuring that communities are prepared for the future of aging.

In addition to the key informant interviews and document review, community-level HAN partners were asked to elucidate the value added from their involvement with the HAN. Partners were asked to respond in writing to the following question: “Describe how your connection to or involvement with the PRC HAN or its activities has benefited individuals or groups in your community or state.” Six individuals responded with stories relating observed community benefits. One partner, a member of their local Healthy Aging CAB, of which a HAN site is part, shared that an agency in her community was successful in upgrading its exercise program. As a result, “one 90-year-[old] man’s doctor told him he was in better condition, especially upper body strength, than he was a year ago.”

Another respondent, a chair on a state governor’s advisory counsel, shared perceptions about the impact of the HAN. She was particularly impressed with the emphasis and use of community linkages in the development of the state’s Healthy Aging Coalition and how members use the coalition to expand their information base about each other. Additionally, she is thankful for the HAN’s continued support of and participation in the evidence-based health promotion training modules in the state’s Division of Aging and Adult Services certification for senior center managers. To date, more than 35 centers have been certified, and the next class’s enrollment is approaching 60

centers. The respondent commented that “that’s a lot of upgraded personnel in senior centers that you [HAN] are helping us to reach.”

An administrator in a state’s Area Agency on Aging commented that the HAN has been very helpful in her region and to the statewide aging network as a whole. She has had a committee working for almost a year to develop examples of training that Area Agencies on Aging could use in their own regions to train providers of service about evidence-based health promotion. A training session and a major workshop have been held to date. Additionally, several of the other Area Agencies on Aging statewide have partnered with the HAN to pilot various health promotion or disease prevention projects.

A director of a local Council on Aging has found her involvement with the HAN to be beneficial to her county and to the older adults the council serves. She stated that one of the main benefits has been a forum for people to come together and talk about healthy aging and how the concept can be incorporated into daily life. Another benefit has been the flexibility to work on projects specific to the community’s needs. For example, staff reported being impressed with the programming they have been able to bring to their participants. Additionally important, they see results in tangible improvements in the strength, balance, and stamina of the older adults who participate.

A CAB member of a Health Promotion Research Center provided examples of benefits stemming from a partnership with the HAN. Benefits include having increased visibility for programs at the national level, such as the U.S. Department of Health and Human Services, AoA, NCOA, and CDC’s Arthritis Program; connection to other HAN members interested in evaluating program effectiveness in different populations and settings; providing EnhanceFitness classes at various meal sites; developing a national network of EnhanceFitness researchers; assistance with the evaluation of the EnhanceWellness program; and publication of several papers.

Another partner, a regional organization whose mission is to promote walking, has utilized its relationship with the HAN to generate additional research relationships, expand organizational capacity, and enhance training capacity and skills. The partner commented that “training by PRC HAN in the use of the audit tool has been invaluable to our approach to conducting pedestrian audits.”

The benefits from these organizations’ partnerships with the HAN can be summarized as providing resources and training, as well as national prominence. Together, these testimonials

provide further evidence of the HAN's value added from research that has been translated and implemented at the community level.

## CURRENT AND FUTURE CAPACITY: CHALLENGES AND NEEDS

Despite the many strengths identified, the HAN could enhance its work and improve its efficiency and productivity by employing several additional capacities identified through the key informant interviews and the

document review. The HAN wanted this research question explored to identify opportunities for improving its efficiency and productivity. Strategic planning and evaluation play a vital role in identifying member centers' strengths and expertise, as well as future planning. The goals and mission statement are a useful guide in ensuring researchers stay true to HAN objectives and priorities. Additionally, the HAN evaluation efforts are under way, and researchers believe the results of this case study will be very useful to their evaluation efforts.

“It is important to provide additional funding to enrich the abilities of current HAN members.”

*HAN Researcher*

From a financial standpoint, researchers believe that, although they are equipped to address the cross-cutting research agenda of the HAN, lack of funding and limited staff resources have impacted the depth and breadth of research that member centers can perform. It becomes challenging to accomplish all of the work needed to make the HAN a success with limited internal resources. Additional direct funding and staff resources are needed for centers to continue to accomplish the mission and objectives of the HAN and to lead more research on the healthy aging agenda. As one researcher stated, “There has been tremendous interest in the HAN and the Healthy Brain group. Many researchers have inquired about becoming involved with the HAN. For example, there are many talented gerontologists whose expertise would benefit the work of the HAN, but there is a lack of adequate funding to significantly involve them.”

Researchers agree that additional funding is critical, but they question whether it would make sense to enlist additional member centers from other campuses. As one researcher states, “It becomes a balancing act between adding more centers and managing member center expectations. There is concern that if CDC adds additional centers to the HAN group, the HAN may become unwieldy.” The possibility exists that the HAN may have competing priorities or move in multiple directions with the addition of new centers. There is a limit to what the current HAN structure can do without bringing in new members or new sites. Another researcher stated, “It would be more

beneficial to provide additional funding to enrich the abilities of current HAN members. The possibility exists that additional centers may dilute the personal relationships between the HAN members. The close personal relationship between researchers has been a key factor in the success of the HAN.”

## LESSONS LEARNED

Some of the key lessons learned about conducting research within a thematic research network framework noted by the external partners involve the vital role of the coordinating center. Its ability to make the network the focus, rather than the individual center, is a key to success. Leadership of the coordinating center is also critically important as investigators are under time pressure and need a senior person to lead the group. It is also critical to have time set aside for annual strategic planning before projects begin and to create collaborative projects that involve the whole group.

“The HAN encompasses researchers who are the best of the best.”  
*External Partner*

Another reason behind the HAN’s success is that it is investigator led. The external partners believe that this focus brings credibility to the network and that credibility is critical to using the HAN’s expertise. Additionally important for the continued success of a thematic research network is the ability to communicate with partners about what the thematic research network does and its capacities and priorities. This point was expressed by one external partner who described the HAN as a somewhat nebulous entity: “...It is hard to believe how little we know about the HAN even though we’ve been working with them for over a year...But, if they [HAN] are able to communicate more clearly what it is they do, it could be very advantageous as far as making connections with members of Congress, etc. If it’s not done right, you’re just paying for infrastructure and not getting much out of it.” This external partner went on to say that the more it learned about the HAN, the more it wanted to involve the HAN in its work.

One lesson learned is that as the HAN improves its ability to communicate about its work with outside partners, more opportunities for collaboration and potentially for additional resources will become available. Other external partners agreed with this idea, noting that they felt they could be more effective if they had a little more access to decision-making processes such as meetings and conference calls. Partners seemed to understand, however, that they are not intentionally being

“kept out of the loop” by the HAN, but rather it is a by-product of having such a large network of researchers with many activities taking place at once.

From the HAN members’ perspective, they are aware they face a challenge in balancing the desire for inclusiveness and transparency with partners on the one hand and the need to keep HAN activities from spiraling out of the control of the direction provided by the lead center. One of the greatest strengths of the HAN, in fact, is the effectiveness of the leadership within the lead coordinating center, and there is an awareness and acknowledgment among members that the HAN cannot continue to expand without sacrificing some of the effectiveness of its own leadership. A HAN researcher commented that there is a point at which an organization can become so unwieldy that it ceases to be effective in its mission, adding that the HAN has limits in how much it can grow while maintaining its own sustainability and oversight. This, as one of the external partners commented, is one of the main challenges of a decentralized network.

HAN researchers echo many of the sentiments expressed by external partners. Developing a strong infrastructure and a clear national vision is important. Additionally, spreading the research activities across member centers and sharing decision making

“Word is getting out that the HAN is doing great work and the issues the HAN addresses are important.”

*HAN Researcher*

power is also important to ensure member buy-in. Other attributes that affect the HAN’s success include close working relationships among research members, synergistic research across topics, and multiple centers working on the body of research. They note that it would be impossible to conduct the level of research the HAN is involved in at a single center. Overall, HAN researchers agree that working with the network has been a meaningful experience. The limited funding, although an ongoing challenge, has been lessened somewhat by the excellent leadership of the lead center staff and the clear support from CDC. Researchers are always focused on the work at hand, but also are looking to the horizon for ideas of future areas of research to ensure the mission and work of the HAN do not become stagnant.

## **IMPLICATIONS AND RECOMMENDATIONS**

CDC’s objectives for the HAN are to broaden its capacity and knowledge while developing a healthy aging research agenda where research can be translated for other researchers and for practitioners. HAN members clearly demonstrate that the objectives have been and are continuing to be met. In meeting these objectives, the HAN significantly utilizes researchers’ skills through a

research network model. Continued support of the HAN's growth by expanding research opportunities, increasing exposure of the network centers' achievements, making available additional funding, and building links and networking with other researchers will further the promise of thematic research networks.

In general, it seems evident that the HAN's work contributes significantly to and ultimately will result in improved community health and healthy aging for adults. However, if CDC plans to continue to rely on thematic research networks, it is important to understand the critical significance of adequate financial support. This case study demonstrates that, even with limited funds, if researchers gain great advantage from working together, experience a collegial and supportive relationship, and enjoy the work, the network can be beneficial and successful. However, respondents also clearly expressed that a lack of funds becomes burdensome and hinders not only the progression of the research agenda, but also the will to continue participating in the network.

## **KEY RECOMMENDATIONS FROM THIS CASE STUDY**

### **Recommendations for the HAN:**

- ❖ Continue to support the HAN's growth by expanding research opportunities, making available additional funding, building linkages, and promoting networking among researchers.
- ❖ Enhance the HAN's ability to communicate with partners what it is they do and what its capacities are. This may include producing an accessible document or group of documents that detail what the HAN is, describe what the HAN's accomplishments are, and explains how the network operates.
- ❖ Balance research needs and funding availability to prevent burnout and dissatisfaction.

### **Recommendations for Other Research Networks:**

- ❖ Attempt to ensure that those brought in as members are truly committed to the work (not just seeking funding) as this will enhance collegiality and collaboration.
- ❖ The tie between the researchers with related CDC (or other federal) programs provides direct benefits to both: the programs get the product of the research, and the network members learn of the federal programs' funding priorities.
- ❖ Encourage the pursuit of external funding; the infrastructure funding agency will still reap the credit for this additional productivity.

- ❖ Encourage the participation of researchers at universities with other major programs focused on the same research topic. Where such alignment exists, it is easier to procure funding, such as situations in which the PRC's focus is also on aging.
- ❖ Balance research needs and funding availability to prevent burnout and dissatisfaction.
- ❖ Enlist a strong coordinating center.

### **Recommendations for CDC:**

- ❖ Foster informal as well as formal opportunities for network members to work together because such collaborations enhance their productivity.
- ❖ To encourage translation, ensure that the network establishes partnerships with agencies/organizations involved as practitioners, who can increase the dissemination of research findings.

## **SUMMARY**

The HAN has made major strides and accomplished much since its inception in 2001. The findings from the key informant interviews, the document review, and community testimonials are evidence of the HAN's continued success in operationalizing an agenda for healthy aging research, conducting timely research, and disseminating findings. These activities remain an ongoing and crucial aspect of the network. Additionally, the HAN has demonstrated the value of using a thematic research network structure to access different expertise around the country to address the responsibility of developing a health promotion agenda and disseminating that agenda to those who can use it. The results also indicate that, although the HAN is equipped to address a cross-cutting research agenda, a lack of funding and limited staff resources have affected the depth and breadth of research the member centers can perform. Additional direct funding and staff resources are needed for centers to continue to accomplish the mission and objectives of the HAN and to lead expanded research efforts that will contribute to a national healthy aging agenda.

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**APPENDIX A:**  
CDC Prevention Research Centers' Healthy  
Aging Research Network—Member Centers

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CDC PREVENTION RESEARCH CENTERS' HEALTHY AGING RESEARCH NETWORK—MEMBER CENTERS

<b>Lead Coordinating Center</b>
University of Washington
<b>Member Centers</b>
University of Colorado
University of California-Berkeley
University of Illinois-Chicago
University of North Carolina-Chapel Hill
University of South Carolina
Texas A&M University
West Virginia University
<b>Associate Member Centers</b>
University of Pittsburgh

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**APPENDIX B:**  
Interview Guide—HAN Researchers

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## INTERVIEW GUIDE—HAN RESEARCHERS

### Introduction

Hello, my name is \_\_\_\_\_ from \_\_\_\_\_. We appreciate the time you are taking to speak with me. Again, we are interested in talking about your role and perceptions about the PRC HAN thematic network. (During the interview I will refer to the PRC HAN as the HAN.)

The purpose of this interview is to guide the development of a case study that will identify those factors that make the HAN a value-added enterprise for the PRC and Healthy Aging Studies programs. It will also focus on ways to enhance the functioning of the group for optimal outcomes. It is expected that the information gleaned from the case study will be useful for other PRC thematic networks and partners.

A case study report will be produced using data from these interviews and from document reviews. As a respondent, you will only be identified under a general category, such as “HAN External Partner.” The only exception to this would be if there is a particular quote that would be useful for communication materials (such as a one-page fact sheet) or telling a success story, and having your name attached would greatly benefit the document. If this occurs, we will ask your permission to attach your name to the quote, and you may accept or decline.

Do you have any questions before we begin the interview?

### Background

- When did you become involved with the HAN?
- What are some of the reasons you were interested in working with the HAN?  
This may include/ What about:
  - Connections to other professionals in the field?
  - Matched your professional background?
  - Needs of the community?
  - Availability of funding?
- Please briefly describe your relationship and roles with the HAN.
  - Do you work with specific workgroups? Which ones?
  - Are you involved in specific projects? Which ones?
  - How has your involvement with the HAN changed over time?
  - Approximately what percentage of your work week is spent on HAN-related activities?
- At your university, are HAN activities coordinated with the Prevention Research Center or are they separate?

## Funding/Infrastructure

- Other than funding from CDC for the HAN, what additional resources are available to support the HAN?
  - Does your university provide any resources (e.g., faculty or staff time, funds) to the HAN?
  - Does your PRC core provide any resources (e.g., faculty or staff time, funds) to the HAN?
  - Has the state or other local organizations provided funding to the HAN at your university?

## Accomplishments to Date (Research Question 1)

### Research

- What have been the research accomplishments of the HAN to date?
  - Because of the HAN or because the HAN exists, what additional funds have you received to implement research projects?
  - On what HAN publications are you an author?
  - What HAN presentations have you made?
    - Who was the audience for each presentation?
  - What other HAN products have you produced?
    - How are they used or disseminated?
- How has the HAN contributed to CDC's Healthy Aging program?

### Partnerships/Community Involvement

- How has recognition of the HAN changed over time? Can you please give me an example of that?
  - (If concept is unclear—How does the name “CDC HAN” carry some import?)
- How are national-level partners involved in HAN activities that you are involved in?
  - What are the benefits and challenges to working with these partners on HAN activities?
- At your university, what community- and state-level partnerships have been formed because of your work with the HAN?
- Have there been new organizations formed with the HAN? What organizations have become involved with the university because of your involvement with the HAN?
  - How are they involved in HAN activities that you are involved in?
  - What are the benefits and challenges to working with these partners on HAN activities?

## Value Added Using the Thematic Research Network Structure— Funding the Infrastructure of Multiple Centers to Focus on Healthy Aging (Research Question 2)

- What do you see as CDC's main objective(s) of funding the HAN?
  - Overall, how effective or successful do you think HAN activities have been at meeting these objectives?
  - Have there been unexpected accomplishments or outcomes of the HAN? If so, what are they?
- What are the benefits of CDC using the thematic research network structure to fund the HAN—by that I mean having individual centers work together as a group and address issues pertaining to healthy aging?
  - What does the funding of infrastructure provide that funding of a regular Special Interest Project (SIP), like a single or multisite research project, might not provide?
  - How has the HAN infrastructure and organization been a facilitator in meeting the HAN objectives?
- What are the challenges of CDC using the thematic research network structure to fund the HAN?
  - What are the advantages of using a thematic network to fund the HAN vs. a SIP?
  - What are the disadvantages of using a thematic network to fund the HAN vs. a SIP?
  - How has the HAN infrastructure and organization been a barrier in meeting the HAN objectives?
- Is the funding adequate to support HAN activities?
- What challenges, if any, have the HAN member centers had in securing other funding or resources?
- How has having a lead network center been useful or challenging for the HAN?
- How has the HAN thematic network structure facilitated disseminating/translating research into practice or replicating interventions/programs?

## Other Capacities Not Currently Being Implemented or Taken Advantage of (Research Question 3)

- What steps has the HAN taken in strategic planning and evaluation of the network?
- What other capacities can you think of that the HAN member centers have or could access but that are not currently being utilized?
  - Other research areas?
  - Dissemination/translation?
  - Training?
- What would it take in terms of resources to make use of those capacities?

## Other Questions

- What are key lessons learned that could be shared with other or future PRC thematic research networks?
- Are there any other issues that you would like to discuss or add?

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**APPENDIX C:**  
Interview Guide—External Partnerships

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## INTERVIEW GUIDE—EXTERNAL PARTNERSHIPS

### Introduction

Hello, my name is \_\_\_\_\_ from \_\_\_\_\_. We appreciate the time you are taking to speak with me. Again, we are interested in talking about your role in the PRC HAN thematic network as well as your perception regarding PRC HAN activities. (During the interview I will refer to the PRC HAN as the HAN.)

The purpose of this interview is to guide the development of a case study that will identify those factors that make the HAN a value-added enterprise for the PRC and Healthy Aging programs. It will also focus on ways to enhance the functioning of the group for optimal outcomes. It is expected that the information gleaned from the case study will be useful for other PRC thematic networks and partners.

A case study report will be produced using data from these interviews and from document reviews. As a respondent, you will only be identified under a general category, such as “HAN External Partner.” The only exception to this would be if there is a particular quote that would be useful for communication materials (such as a one-page fact sheet) or telling a success story, and having your name attached would greatly benefit the document. If this occurs, we will ask your permission to attach your name to the quote, and you may accept or decline.

Do you have any questions before we begin the interview?

### Background

- When did you become involved with the HAN?
- Why did you become involved with the HAN?
- What is your role(s) in the HAN?
  - Do you work with specific workgroups? Which ones?
  - Are you involved in specific projects? Which ones?
- How has your involvement with the HAN changed over time?

### Funding/Infrastructure

- What, if any, amount of funding does your organization provide to the HAN?
- What other resources has your organization provided to the HAN since you became involved in HAN activities?

### Accomplishments to Date (Research Question 1)

#### Research

- How have you or your organization benefited from working with the HAN?
- What has your organization contributed to the HAN activities, including research?

### **Partnership (National Level) Involvement**

- What perspective(s) do you or your agency bring to the HAN?
  - (Clarify if respondent should consider his/her individual perspective or the agency perspective.) What are your interactions with the HAN, how frequently do you interact with the HAN, and what is your level of interaction?
- How has recognition of the HAN changed over time? Can you please give me an example of that?
  - (If concept is unclear—how does the name “CDC HAN” carry some import?)
- How does your agency’s infrastructure support a successful partnership with the HAN?
- How does your agency’s infrastructure hinder a successful partnership with the HAN?

### **Value Added Using the Thematic Research Network Structure (Research Question 2)**

- From your perspective, what are the main objective(s) of the HAN?
  - Overall, how effective or successful do you think the HAN activities have been at meeting these objectives?
  - Have there been unexpected accomplishments or outcomes of the HAN?
- What are the benefits of having a thematic research network structure? (Probe if necessary: By that, I mean having a group of individual centers work together as a group and address issues pertaining to healthy aging.)
  - What are the positive aspects of this structure for you as a partner?
  - What are the challenges of this structure for you as a partner?
- How has your partnership been beneficial to the HAN?
- How has your partnership with the HAN helped you or your organization meet its objectives?
- From your perspective as a partner, what challenges have you experienced in working with the HAN?
- Given the way that resources are currently allocated, does this help or hinder forming and maintaining partnerships? (If a barrier, what would help eliminate this barrier?)
- How has the HAN thematic network structure facilitated disseminating/translating research into practice?
- How has the HAN thematic network structure facilitated replicating interventions/programs?

### **Other Capacities Not Currently Being Implemented or Taken Advantage of (Research Question 3)**

- What else could the HAN centers be doing that would be useful for your organization?
  - Other research areas?
  - Dissemination/translation?
  - Training?
- What would it take in terms of resources to extend those capacities?
- What reports would you like the HAN to produce that would be of use to your agency?

## Other Questions

- What are key lessons learned from your partnership with the HAN that could be shared with other PRC thematic research networks?
- Are there any other issues that you would like to discuss or add?

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**APPENDIX D:**  
Interview Guide—CDC-HAN Leadership 1

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# INTERVIEW GUIDE—CDC-HAN LEADERSHIP 1

## Introduction

Hello, my name is \_\_\_\_\_ from \_\_\_\_\_. Thank you for taking the time to talk with me about the PRC HAN thematic network. (During the interview, I will refer to the PRC HAN as the HAN.)

The purpose of this interview is to guide the development of a case study that will identify those factors that make the PRC HAN a value-added enterprise for the PRC program, the Healthy Aging program, and your partners. It will also focus on ways to enhance the functioning of the group for optimal outcomes. It is expected that the information gleaned from the case study will be useful for other PRC thematic networks.

A case study report will be produced using data from these interviews and from document reviews. We will also develop brief summaries for a few different audiences. As a respondent, you will only be identified under a general category, such as “HAN External Partner.” The only exception to this would be if there is a particular quote that would be useful for communication materials (such as a one-page fact sheet) or telling a success story, and having your name attached would greatly benefit the document. If this occurs, we will ask your permission to attach your name to the quote, and you may accept or decline.

Do you have any questions before we begin the interview?

## Background

- Since you became PRC Program Director, what has been your involvement with the HAN?
- Approximately how many hours per week do you or other PRC staff spend on HAN activities?

## Accomplishments to Date (Research Question 1)

### Research

- Please describe any ways the HAN has contributed to the PRC Program. (Brief examples would be appreciated.)
- What do you see as the research accomplishments of the HAN?
- How has the HAN contributed to CDC’s or other agency research agendas in healthy aging?

### Partnerships/Community Involvement

- What national-level partners have become engaged in or made aware of the PRC Program through the HAN?
  - How have they been involved?
- How has recognition of the CDC HAN changed over time? Can you please give me an example of that?
  - (If concept is unclear: How does the name “CDC HAN” carry some import?)

## Value Added Using the Thematic Research Network Structure, Rather Than a Regular Special Interest Project (Research Question 2)

- What are the benefits of CDC using the thematic research network structure to fund the HAN—by that I mean having individual centers work together as a group to address issues pertaining to healthy aging?
  - What does the funding of infrastructure provide that funding of a regular Special Interest Project, like a single or multisite research project, might not provide?
- What are the challenges of CDC using the thematic research network structure to fund the HAN?
  - What challenges arise with the funding of infrastructure that funding of a regular Special Interest Project, like a single or multisite research project, would avoid?
- How has having a lead network center been useful or challenging for the HAN?
- How has the HAN thematic network structure facilitated disseminating/translating research into practice or replicating interventions/programs?
- How has the HAN leveraged funds or helped identify priorities with other partners?

## Other Capacities Not Currently Being Implemented or Taken Advantage of (Research Question 3)

- What other capacities can you think of that the HAN member centers have or could access but that are not currently being utilized?
  - Other research areas?
  - Dissemination/translation?
  - Training?
- What would it take in terms of resources to extend those capacities?

## Other Questions

- What are key lessons learned that could be shared with other or future PRC thematic research networks?
- Are there any other issues that you would like to discuss or add?

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**APPENDIX E:**  
Interview Guide—CDC-HAN Leadership 2

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## INTERVIEW GUIDE—CDC-HAN LEADERSHIP 2

### Introduction

Hello, my name is \_\_\_\_\_ from \_\_\_\_\_. We appreciate the time you are taking to speak with me. Again, we are interested in talking about your role in the PRC HAN thematic network as well as your perceptions regarding PRC HAN activities. (During the interview I will refer to the PRC HAN as the HAN.)

The purpose of this interview is to guide the development of a case study that will identify those factors that make the HAN a value-added enterprise for the PRC and Healthy Aging Studies programs. It will also focus on ways to enhance the functioning of the group for optimal outcomes. It is expected that the information gleaned from the case study will be useful for other PRC thematic networks and partners.

A case study report will be produced using data from these interviews and from document reviews. We will also develop brief summaries for a few different audiences. As a respondent, you will only be identified under a general category, such as “HAN External Partner.” The only exception to this would be if there is a particular quote that would be useful for communication materials (such as a one-page fact sheet) or telling a success story, and having your name attached would greatly benefit the document. If this occurs, we will ask your permission to attach your name to the quote, and you may accept or decline.

Do you have any questions before we begin?

### Background

- When did you become involved with the HAN?
- What are some of the reasons you were interested in working with the HAN?
- Please briefly describe your relationship and roles with the HAN.
  - Do you work with specific workgroups? Which ones?
  - Are you involved in specific projects? Which ones?
- How has your involvement with the HAN changed over time?
- Approximately how many hours per week do you or your staff spend on HAN activities?

### Funding/Infrastructure

- Other than funding from CDC, what resources are available to support the HAN?
  - What other funding has the HAN received from grants, foundations, etc.?
  - Have the states or other local organizations provided funding?
  - As the funding and priorities have changed at CDC, has this affected the design, implementation, or support for the HAN?

## Accomplishments to date (Research Question 1)

### Research

- What have been the research accomplishments of the HAN to date?
  - What projects have been funded?
  - On what HAN publications are you an author?
  - What HAN presentations have you made?
    - Who was the audience for each presentation?
  - What other HAN products have you produced?
    - How are they used or disseminated?
- How has the HAN contributed to CDC's or other agency research agendas in healthy aging?

### Partnerships/Community Involvement

- What national-level partners are engaged in the HAN?
  - How have they been involved?
- What are the benefits and challenges to the HAN in these partnerships?
- What are the benefits and challenges to the partners?
- How does the CDC Aging Program collaborate with these external partners?
- What are the methods, frequency, and level of your interactions with the HAN?
- How has recognition of the CDC HAN changed over time? Can you please give me an example of that?
  - (If concept is unclear—how does the name “CDC HAN” carry some import?)

## Value Added Using the Thematic Research Network Structure, Rather Than a Regular Special Interest Project (Research Question 2)

- What do you see as CDC's main objective(s) of funding the HAN?
  - Overall, how effective or successful do you think the HAN activities have been at meeting these objectives?
  - Have there been unexpected accomplishments or outcomes of the HAN?
- What are the benefits of CDC using the thematic research network structure to fund the HAN—by that, I mean having individual centers work together as a group to address issues pertaining to healthy aging?
  - What does the funding of infrastructure provide that funding of a regular Special Interest Project, like a single or multisite research project, might not provide?
  - How has the HAN infrastructure and organization been a facilitator in meeting the HAN objectives?
- What are the challenges of CDC using the thematic research network structure to fund the HAN?
  - What challenges arise with the funding of infrastructure that funding of a regular Special Interest Project, like a single or multisite research project, would avoid?
  - How has the HAN infrastructure and organization been a barrier in meeting the HAN objectives?
- Is the funding adequate to support the HAN research activities?
- How has CDC facilitated HAN member centers to secure other funding or resources?
- How has having a lead network center been useful or challenging for the HAN?
- How has the HAN thematic network structure facilitated disseminating/translating research into practice or replicating interventions/programs?
- How has the HAN leveraged funds or helped identify priorities with other partners?

## Other Capacities Not Currently Being Implemented or Taken Advantage of (Research Question 3)

- How has CDC helped the HAN with strategic planning and evaluation?
- What other capacities can you think of that the HAN member centers have or could access but that are not currently being utilized?
  - Other research areas?
  - Dissemination/translation?
  - Training?
- What would it take in terms of resources to extend those capacities?

## Other Questions

- What are key lessons learned that could be shared with other or future PRC thematic research networks?
- Are there any other issues that you would like to discuss or add?

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**APPENDIX F:**  
Document Review

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## PRC-HAN CASE STUDY

### Document Review

#### Introduction

The primary purpose of this document review is to help answer the following question: What has the HAN accomplished to date? This report briefly summarizes projects funded and/or implemented by the HAN, products and publications developed, partners involved with the HAN, and conferences and presentations facilitated by the HAN. There is ample documentation of the HAN's activities and accomplishments since its inception. While not comprehensive, this report serves to consolidate information abstracted from various documentation produced by the HAN in order to record the HAN's accomplishments to date and serve as a reference point for HAN members, stakeholders, and other interested parties. This review will hopefully add to the understanding of what makes the HAN a value-added enterprise for the PRC program and for CDC at large.

#### Methods

Data were abstracted systematically from each document using a document review template developed by ORC Macro with input from the HAN evaluation committee and the PRC Program Office. The abstracted data were compiled and analyzed until saturation was reached with regard to the documentation of the HAN's accomplishments. Not all documents were found to be relevant to answering the research question outlined above, and, in these cases, information was abstracted for this review that was relevant to answering the study question only.

#### Document Overview

This summary draws from various documents supplied by the HAN and the PRC program office. Funding applications and progress/summary reports make up the majority of the documents reviewed. Others documents include a Community Advisory Board (CAB) report from the University of Washington, a slide presentation describing the HAN's accomplishments, and HAN strategic planning documents. A brief description of the reviewed documents follows:

##### **University of Washington Lead Center Application**

This is the five-year funding application for Special Interest Project (SIP) 14-04 to fund the lead network coordinating center for the PRC-HAN. The document describes the HAN's background and past accomplishments, its objectives, its resources and capacities, its structure and functioning, and the proposed activities over the five-year funding cycle.

##### **HAN Summary Report**

This document describes the mission and the five main objectives of the HAN, explains how these objectives relate to the HAN logic model, and lists the activities that have been undertaken by HAN member centers and the network as a whole to meet those objectives for the 2004–2005 fiscal year.

### **HAN PowerPoint Presentation**

This is a PPT presentation that describes the HAN's background and scope of work. It was presented to an audience of PRC directors and investigators at the annual National PRC Directors meeting.

### **University of Washington Community Advisory Board (CAB) Report**

This is a summary paper on the University of Washington HAN's CAB. It includes information on the formation and utilization of the CAB, including the various roles the CAB has played in the HAN and their accomplishments.

### **PRC-HAN Lead Coordinating Center and Member Center Progress Reports**

These reports summarize progress made by each individual HAN member center toward achieving the HAN network objectives. They summarize activities that member centers have participated in during the 2004–2005 period.

## Summary of Findings

### **HAN Projects**

- The Survey workgroup has focused on the development of a national Web-based toolkit, "Active Options," based in part on the successful SHAPE Chicago guide, to facilitate physical activity program assessment and the development of older adult resource directories for local communities to be used by individuals as well as senior information and referral centers and providers. Both CDC and NCOA have contributed funding to the piloting of this project.
- Environmental Measures Pilot: The Environmental Measures group conducted a HAN-wide training in an environmental audit instrument tailored to address items related to physical activity (walkability), older adults, and the built environment. Community partners were directly involved in this national training in preparation for community-sponsored audits to be conducted in the summer of 2004 at HAN sites.
- The Healthy Brain workgroup was recently formed and will work with CDC and its partners (Alzheimer's Association, National Institutes of Health, Administration on Aging, and other state and national partners) to develop a public health action plan related to brain health. Additionally, the specific activities and goals will be established at the biannual meeting of the PRC-HAN. CDC was able to provide supplemental funding for these activities.
- PRC-HAN formed the Nutrition Interest group to explore the network-wide interest in nutrition for older adults. The workgroup has proposed examining disparities in the food environment (food accessibility, affordability, and availability) across different geographic areas of the participating member centers.
- CDC was awarded congressional funding for the development of an Alzheimer's disease-specific segment (entitled Alzheimer's disease: Healthy Brain Segment) of the Healthy Aging Program. The PRC-HAN rapidly responded in a unified position to address CDC's request to bring its expertise and capacity under this new initiative. Initial discussions of the network's interest and participation has put the Healthy Brain Initiative onto the agenda as a potential network-wide demonstration project to identify community-based interventions that promote general brain health.

- The Depression workgroup has worked to complete a systematic review of the scientific literature and other recommended community sources to identify effective interventions for addressing depression in older adults. The workgroup has received support and expertise from a number of organizations outside of the HAN including Cornell University and the Group Health Cooperative in Seattle, WA.

### **Grants and Funding**

- The Environmental Factors workgroup was successful in obtaining a grant entitled, “Environmental Correlates of Walking in Older Adults,” from the Robert Wood Johnson Foundation, Active Living Program. This project will include environmental assessments and interviews with approximately 800 older residents in five areas that are covered by the HAN.
- The Conference Grant workgroup has collaborated closely with the Research Dissemination and Practice (RDPG) workgroup, HAN community members, and national stakeholders including the Lifetime Fitness Program to develop a comprehensive conference series designed to address state training needs and serve as a conduit for HAN dissemination related to current agenda topics including physical activity, nutrition, and depression. The proposal was approved and will be funded in 2006 by CDC given the availability of program funds to the Healthy Aging Program. Additional funds have been committed by the National Council on Aging (NCOA) and the Retirement Research Foundation.
- The Physical Activity Intervention Grant interest group has proposed a multisite physical activity intervention grant proposal aimed to increase the network’s understanding of methods to promote physical activity in older African American populations.
- CDC was awarded congressional funding for the development of an Alzheimer’s disease-specific segment (entitled Alzheimer’s disease: Healthy Brain Segment) of the Healthy Aging Program. The HAN responded in a unified position to address CDC’s request to bring its expertise and capacity under this new initiative. Initial discussions of the network’s interest and participation has put the Healthy Brain Initiative onto the agenda as a potential network-wide demonstration project to identify community-based interventions that promote general brain health.
- The Depression workgroup has received support and expertise from a number of organizations outside of the HAN including Cornell University and the Group Health Cooperative in Seattle, WA, in order to complete a systematic review of the scientific literature and other recommended community sources to identify effective interventions for addressing depression in older adults.

### **HAN Products**

- The Depression workgroup has worked to complete a systematic review of the scientific literature and other recommended community sources to identify effective interventions for addressing depression in older adults. The workgroup has received support and expertise from a number of organizations outside of the HAN including Cornell University and the Group Health Cooperative in Seattle, WA.
- The Research Dissemination and Practice (RDPG) workgroup has focused on the development of materials to educate aging services providers about the concept of evidence-based health promotion and the programs available that have been evaluated and tested. The workgroup has collaborated with NCOA to develop several reports in this area.

- The Survey workgroup has focused on the development of a national Web-based toolkit, “Active Options,” based in part on the successful SHAPE Chicago guide, to facilitate physical activity program assessment and the development of older adult resource directories for local communities to be used by individuals as well as senior information and referral centers and providers.

### **HAN Partners/Partnerships**

- The HAN made a formal commitment to the Agency for Healthcare Research and Quality in support of a training workshop conducted in partnership with the Administration on Aging (AoA), CDC, the National Institutes of Aging (NIA), Centers for Medicare and Medicaid Services (CMS), and the National Academy of State Health Policy.
- Through the Research Dissemination and Practice (RDPG) workgroup, the HAN has established strong linkages to NCOA, AoA, the National Association of State Units on Aging, and the Chronic Disease Directors’ Healthy Aging Initiative.

### **Conferences/Workshops/Presentations**

- The HAN made a formal commitment to the Agency for Healthcare Research and Quality in support of a training workshop conducted in partnership with AoA, CDC, NIA, CMS, and the National Academy of State Health Policy. The workshop, entitled “National Initiative on Evidence-based Disability and Disease Prevention for Elders: Translating Research into Community-based Programs,” was held in December 2004. The workshop was designed to assist state teams with the design and implementation of strategies for evidence-based health promotion.
- Multiple presentations have been given by members of the network at the following meetings: Robert Wood Johnson Active Living Research Meeting, 2005 National Chronic Disease Prevention and Control Conference, 2005 ASA/NCOA Joint National Conference, CDC Healthy Aging Seminar Series, 2004 Cooper Institute Annual Meeting, and the EPA Leland Center Symposium.
- 2005 American Public Health Association annual meeting presentation: “Working Together to Provide Evidence-Based Healthy Aging Programs: Public Health, Aging, and University Communities.”
- The Conference Grant workgroup has collaborated closely with the Research Dissemination and Practice workgroup (RDPG), HAN community members, and other national stakeholders including the Lifetime Fitness Program to develop a comprehensive conference series designed to address state training needs and serve as a conduit for HAN dissemination related to current agenda topics including physical activity, nutrition, and depression. The proposal was approved and will be funded in 2006 by CDC given the availability of program funds to the Healthy Aging Program. Additional funds have been committed by NCOA and the Retirement Research Foundation.

## HAN Publications

The HAN has been very active in publishing varied aspects of its work for the practice community. The following publications have been highlighted:

- The HAN Writing Group. "Prevention research centers healthy aging research network," *Preventing Chronic Disease* (in press).
- Hughes SL, Williams B, Molina LC, Bayles C, Bryant LL, Harris JR, Hunter R, Ivey S, Watkins K. "Characteristics of physical activity programs for older adults: results of a Multi-Site Survey." *The Gerontologist* (in press).
- Altpeter M, Bryant L, Schneider E, Whitelaw N. "Evidence-based health practice: Knowing and using what works for older adults. *Home Health Care Quarterly*." (in press).
- Beattie B, Altpeter M. "Using the evidence base to promote healthy aging: the model program project." *National Council on the Aging Evidence-based Health Promotion Series, Vol 2*, Washington, DC: National Council on the Aging. 2005.
- Altpeter M, Schneider E, Bryant L, Beattie B, Whitelaw N. "Using the evidence base to promote healthy aging." *National Council on the Aging Evidence-based Health Promotion Series, Vol 1*, Washington, DC: National Council on the Aging. 2004.
- HAN manuscript: "Physical Activity, Public Health, and Aging: Characterizing Critical Issues and Identifying Research Priorities." Resubmitted to the *Journals of Gerontology, Series B*, after initial submission to the *Milbank Quarterly Review*.
- "Aging, Physical Activity, and Mobility: an Assessment of the Physical and Built Environments" (in progress as of 2005 mid-year progress report)

## Abstracts and Posters

- What makes this route better? A seven-site pilot study of walking among older adults (Poster), Feb. 2006
- Making Evidence-Based Lifestyle Programs for Older Adults Ready for Prime-Time in Communities: Role of CDC's Healthy Aging Research Network (Poster), Oct. 2005
- Healthy Aging Network Audit Tool Development and Pilot Project, Active Living Research Meeting, Feb. 2005
- Physical activity program capacity: a multi-site discussion on methods and findings in assessing community capacity for providing physical activity programs for older adults, April 2004
- National Best Practice Study to Improve Reach and Quality of Physical Activity Programming for Older Adults, Feb. 2004
- The Healthy Aging Research Network: A Collaborative for Community-Based Research and Dissemination, Feb. 2003
- Methods for Examining Environmental Factors in Physical Activity and Nutrition, Feb. 2003

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**APPENDIX G:**  
Data Abstraction Form

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## DATA ABSTRACTION FORM

### Introduction

This document review form will be used as a standard instrument to systematically collect data from CDC, PRC, and other reports regarding the Healthy Aging Network (HAN). The data from these forms will be used to facilitate the summary of information gathered. Recommendations regarding HAN and what HAN has accomplished to date will be developed.

The three sections of the form consist of **Part I. Classification Information** & **Part II. Descriptive Information**, about the project funding, project implementation, products developed, contributions to CDC research, partners involved, and recognition.

Documents to be included in the review:

- Strategic planning documents
- Previous evaluation/summary data
- PowerPoint summary presentation of accomplishments
- Summary of progress reports
- University of Washington's application
- Capacity grid of funded PRCs in HAN

PART I.

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**Classification Information:**

Topic: \_\_\_\_\_

Subtopic: \_\_\_\_\_

Intervention title: \_\_\_\_\_

Citation: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Document type:

**Published Article**

Technical report

Planning

Presentation

Application

Other (*specify*): \_\_\_\_\_

Part II. Descriptive Information: Data Sheet

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**A. Description of the Document**

1. What :

How:

Who:

Where:

Other:

2. Funding description:

3. Implementation information:

4. Description of products developed:

5. Contributions to CDC research:

6. Partners involved:

7. Recognition received:

8. Additional information:

***Important limitations:***

***Important suggestions:***

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**APPENDIX H:**  
HAN Evaluation Committee Members

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## HAN EVALUATION COMMITTEE MEMBERS

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