Evaluation Results: Program Context

Executive Summary

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

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Introduction

In 2007, the Prevention Research Centers (PRC) Program conducted a national program evaluation for the purpose of accountability and program improvement. An advisory group—the Collaborative Evaluation Design Team (CEDT)—identified four areas for evaluation:

- Organizational and community characteristics.
- Community and research interactions around core research projects.
- Variety, goals, and contextual factors of the core research projects.
- Training, technical assistance, and mentoring activities.

The evaluation results reported here provide a point-in-time, cross-sectional, descriptive view of these areas for the 33 centers the PRC Program funded in 2004–2009.

Methods

The evaluation team, which comprised staff from Macro International, Inc., staff from the PRC Program office, and the CEDT, developed evaluation questions and specified two data collection methods:

- Review of program and public documents for all PRCs and their partner communities.
- Telephone interviews for in-depth exploration of specific topics with both community members and academics at representative samples of PRCs. Nine people were interviewed for each interview guide. The following terms were used to designate the number of interview respondents expressing same idea: A couple, 2; Few or A few, 3; Some, 4–5; Most, 6–8; All, 9.

Data were validated then aggregated and analyzed using standard software.

Study Limitations

The interview results do not necessarily represent all PRCs; however, every PRC was represented in at least one interview. Selection criteria ensured a range of interviewees for each topic.

Data from the document review reflects all PRCs at a single point in time; however, because not all data sources covered the same time period, multiple points in time are reflected in the results. Only the 2000 U.S. Census data were available for all PRC communities, and characteristics for some PRC communities are likely outdated.

The data are not causal and cannot be used to determine if certain PRC practices led to specific results.

Results

Organizational and Community Characteristics Study

How are PRCs structured? How do they relate to their academic institutions? What are the PRCs' partner communities like?

PRCs' affiliation

25 PRCs—Schools of public health.

8 PRCs—Schools of medicine.

PRCs' staffing

581 faculty and staff members (range 9–37, median 18).

231 full-time equivalent positions (range 2–12, median 7).

Institutional indirect cost rates

8%–64% (median 40%).

Staffing structure

A few centers distinguish PRC-related administrative duties from engaging in community research. These PRCs had permanent support staff for activities such as grant administration and information system reporting, which freed researchers and academics from serving as administrators.

Institutional support of community-based participatory research (CBPR)

Most respondents thought their institutions were supportive of CBPR—in theory if not in practice. Some respondents mentioned barriers—for example, an institution's emphasis on publication may not fit CBPR, which is slow paced and does not lend itself to publication in the short term.

Demographic characteristics

- Total population of PRCs' core research communities exceeds 32 million.
- Many populations are underserved, have low income, or have more health risks than the national average.
- Proportion of African Americans, Asian or Pacific Islanders, and American Indians is higher in the PRCs' communities than in the United States as a whole.
- Mean per capita income of PRC communities is lower (by about one-third) than the U.S. average.

- PRCs' partner and core research communities have higher unemployment rates than the U.S. average.

Additional data were reported on cost of living, in-kind support or resources received from academic institutions, the role of community committees in PRCs' organizational structures, leadership positions and academic ranks, and other topics.

Academic-Community Partner Interaction Study

How do PRC researchers and their communities interact to develop, implement, evaluate, and disseminate the core prevention research project?

Community committees

- 35 center-level community committees.
- 57 community committees specific to a project, a community, or content—including 3 youth advisory committees.
- Frequency of meetings: nearly 75% of center-level community committees meet quarterly or more frequently.
- Community committee guidelines include communication procedures (73%), voting procedures (52%), term commitments for committee chairs (52%), and meeting attendance requirements (52%).

A couple of community respondents did not know if their PRCs had formal guidelines; a few reported no formal orientation or confusion about the extent and level of input expected. However, most community committee respondents reported a high level of community committee involvement in core research activities except data analysis.

A couple of respondents said that community representatives helped develop and implement research, develop survey tools and materials, and interpret and disseminate data.

Group processes that help or hinder partnership

Most academic respondents said the most difficult challenges or conflicts were interpersonal—in some cases due to an unintentional lack of cultural sensitivity on the part of academic members.

Most community committee respondents cited differences between the academic and community cultures as the source of most challenges or conflicts around core research. Some of these respondents said community partners thought the academic institutions were distanced from the community.

All respondents noted the following partnership facilitators: increasing the number of informal meetings; sharing personal experiences; developing additional methods and modes for communication; and maintaining flexibility—for example, in changing surveys, products, research protocols, or agendas.

Discussing scientific rigor with community partners

Most academic respondents discussed scientific rigor with community partners to ensure that appropriate research methods were used. A couple of academic respondents said a creative research design was sometimes needed to quickly produce benefit for the community while maintaining rigor.

Some community committee respondents said that academic partners had to put forth effort to involve the community and maintain scientific rigor. Respondents preferred to be involved in every step of the research process rather than having the academics implement research and then seek community members' feedback.

Learning through community involvement in research

Most academic respondents said they learned, and continue to learn, how to talk about research in a community. A few respondents commented on the importance of acknowledging potential racism and historical factors.

Most community committee respondents believed the academic partners learned about interpersonal and cultural factors, became receptive to community collaboration with community groups, were open to input, and came to value a community's experiences and perspectives.

Evolution of community involvement in research

Both academic and community respondents said community involvement in research increased over time due to community members' increased confidence in their own skills. A few community respondents attributed increased involvement to the amount of time spent facilitating trust between the partners.

Additional interview data were reported on community partnerships and committees; capacities of community committees; changes in core research due to community involvement; benefits and challenges of being part of the PRC network, and for community members, being part of the National Community Committee as well.

Core Research Study

What does the PRC Program contribute to public health practice and policy by developing and disseminating effective and translatable public health interventions?

All PRCs are required by the cooperative agreement to conduct at least one core research project over the funding period. But each PRC conducts dozens of research projects, funded by agencies of Health and Human Services, foundations, nonprofit organizations, and other entities. Characteristics of the core research project only were captured by this study.

At all 33 PRCs, faculty, staff, and community partners helped define the core research projects; 24 PRCs included two or more additional partners in determining their core project.

Most (88%) PRCs conduct intervention research, and nearly three-fourths (72%) of these intervention studies use a quasi-experimental design. Nearly all (31) research assesses health behaviors, and more than one-third (12) measure environmental change. Additional characteristics are summarized in the following table.

Selected Characteristics of Core Research

Characteristic	No. PRCs
Address individual and group levels of ecological model	4
Address individual, group, policy and environmental levels	13
Have plans for sustaining and integrating intervention	28
Use community health worker model	16

The PRCs' core research comprises 39 intervention research components. Nine components address issues designated by The Community Guide[1] as "Research questions for further study," and 13 components concern topic areas addressed but intervention strategy not reviewed.

Additional data were reported on core project selection, research methods, and implementation.

Training, Technical Assistance, and Mentoring with Community Partners Study

What is the diversity of PRC training, technical assistance (TA), and mentoring with communities and partners?

As part of the program's Congressional mandate, PRCs are expected to conduct training and provide TA and mentoring; definitions of these services are in the full report.

A catalog of PRCs' training programs[2] shows that activities include training for large national programs, local health departments or community-based organizations, and research needs (such as training of community health advisors).

PRCs provide TA to individual partners, community and coalition board members, community health advisors, nonprofit organizations, community-based organizations, and county health departments implementing their own prevention research. Most respondents said their PRC provides TA by e-mail, meetings, telephone, and published guides. A couple of respondents noted difficulty in institutionalizing skills acquired through TA because people at an agency moved on to new grants.

Communities and public health partners provide training and TA to academics at PRCs to help make their research practice-based and community-oriented.

1. *The Guide to Community Preventive Services*. Atlanta: Centers for Disease Control and Prevention. Available from **www.thecommunityguide.org** [cited September 10, 2008].
2. **www.cdc.gov/prc/training/index.htm**

Discussion of Selected Themes

The initial authorization for the PRC Program in 1984 and the 1997 Institute of Medicine report[3] both recommended that each PRC receive $1 million per year; however, no PRC has ever received that level of core funding. Few funding mechanisms support the time- and labor-intensive process of CBPR, and respondents expressed the importance of having at least five years of funding committed to this type of research. Support over multiple funding cycles fosters sustainability; most PRCs expand on previous research and continue to develop relationships with communities and other partners.

The PRCs are fulfilling their mandate to work with underserved and vulnerable communities, and members from these communities are bringing their life experiences to the academic-community partnership. Community committees help build relationships with and provide access to community members; develop research tools and survey instruments; recruit research participants; develop training programs at PRCs; and sometimes provide training and TA to the academic partners. Community engagement helped generate or strengthen partnerships for research, training, and grant opportunities.

Substantial time and effort are needed to engage community members, and the partners must learn each other's culture and build trust. Delays in core research, reported by one-third of PRCs, most often resulted from difficulty recruiting study participants, but community committees often helped meet this challenge. Researchers find it hard to balance a community's desire for additional research or service with the constraints of a PRC's resources.

Academic institutions' support for PRCs often exceeded basic resources; however, only a few respondents stated concrete ways their institutions showed support for CBPR. Several respondents mentioned benefits of the community partnership to the PRC's institution.

Attention to community participation in the PRC Program has evolved over time, and the PRCs are now recognized as leaders in the field of CBPR and as resources for other researchers.

Recommendations

Recommendations were made by Macro International, Inc., for the PRCs, the PRC Program, and future evaluation. Only those for the first two categories are included here.

For PRCs

- Move responsibility for administrative activities from researchers to increase efficiency and to attract researchers from across the university to conduct research through the PRC.
- Share community committee guidelines with new community and academic partners as part of an orientation.
- Academic and community partners must discuss their respective cultures at the beginning of a study and remain open-minded about both the importance of scientific rigor and community sensitivities.

For Management of the PRC Program

- Provide guidance on the allocation of resources, particularly the percentage of the award for administration and staff dedicated to administrative functions.
- Have partners advocate for PRC funding sufficient to cover all activities.
- Support mechanisms to facilitate communication across the network.
- Increase opportunities for community members to interact across PRCs and collaborate on grants.
- Encourage PRCs to have formal community committee guidelines and to regularly hold meetings for community committees.
- Help the academic-community partners share their experience by developing tools on how to educate community partners on research concepts and academics on cultural sensitivity.

The recommendations will be used in the program's strategic planning and future evaluation.

3. Stato M, Green LW, Bailey LA, editors, Committee to Review the CDC Centers for Research and Demonstration of Health Promotion and Disease Prevention, Institute of Medicine. *Linking Research and Public Health Practice: A Review of CDC's Program of Centers for Research and Demonstration of Health Promotion and Disease Prevention*. Washington, DC: National Academy Press; 1997.

Prevention Research Centers Network 2004–2009

University of Alabama at Birmingham

University of Arizona

Boston University

University of California at Berkeley

University of California at Los Angeles

University of Colorado

Columbia University

Emory University

Harvard University

University of Illinois at Chicago

University of Iowa

Johns Hopkins University

University of Kentucky

University of Michigan

University of Minnesota

Morehouse School of Medicine

University of New Mexico

University at Albany, SUNY

University of North Carolina at Chapel Hill

University of Oklahoma

Oregon Health & Science University

University of Pittsburgh

University of Rochester

Saint Louis University

San Diego State University & University of California at San Diego

University of South Carolina

University of South Florida

Texas A&M Health Science Center

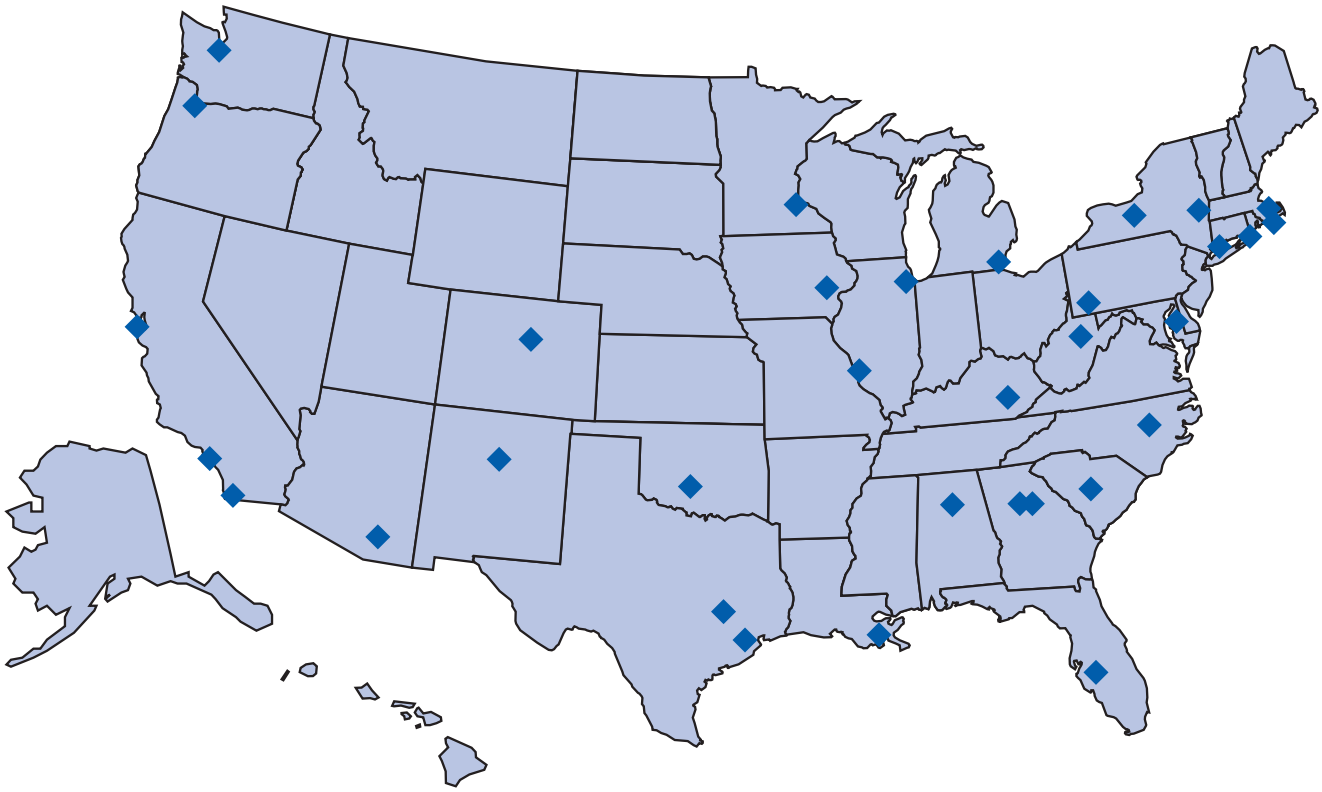
University of Texas Health Science Center at Houston

Tulane University

University of Washington

West Virginia University

Yale University



For more information, please contact the Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, Mail Stop K–45, Atlanta, GA 30341-3717

Telephone: **770-488-5395** • E-mail: **cdcinfo@cdc.gov** • Web: **www.cdc.gov/prc**