

# PREVENTION RESEARCH CENTERS



## Evaluation Results: Program Indicators

Winter 2010





# **Prevention Research Centers Program Evaluation Results**

**Program Indicators  
Winter 2010**

## Acknowledgments

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

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## Introduction

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

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

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

### *National Evaluation*

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

### **Purposes of the Evaluation**

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

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

## **Overarching Evaluation Questions**

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

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

## ***Program Indicators***

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

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

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

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

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

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

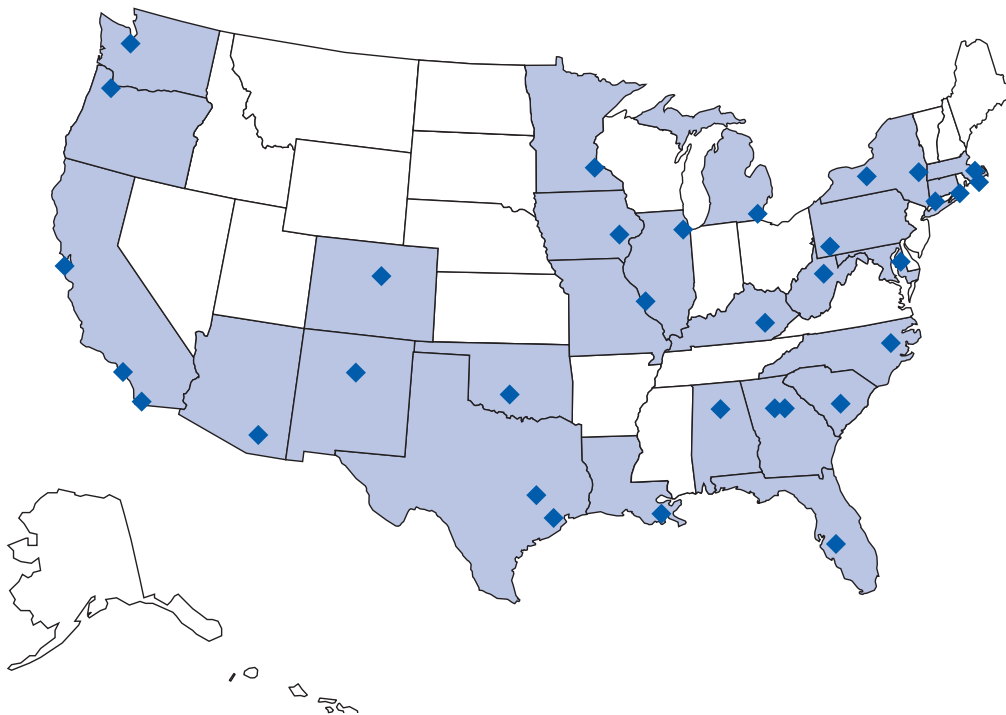


This report provides aggregate data from across the 33 PRCs (Figure 1) on a subset of the 23 indicators designated as high priority for national accountability. A complete list of 33 funded PRCs is provided in Appendix D. The purpose of the indicator data is to provide an overall quantitative assessment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

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

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

**Figure 1. PRCs Funded During 2004–2009**



\* During calendar year 2007.