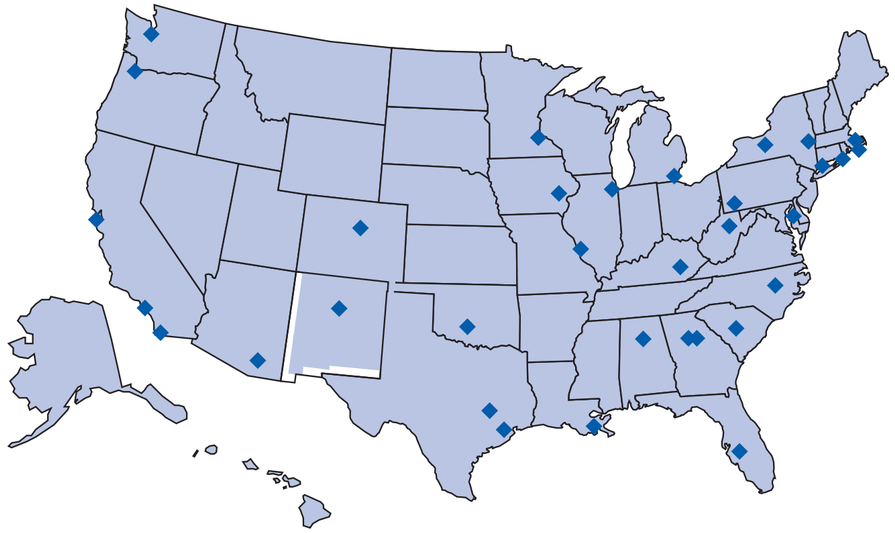
Prevention Research Centers Network 2004–2009

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



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Evaluation Results: Program Indicators

Executive Summary

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

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Introduction

In 2004, the Prevention Research Centers (PRC) Program developed a national logic model that describes the inputs, activities, outputs, and outcomes of the national program (**www.cdc.gov/prc**). The logic model formed the basis for the development of 23 indicators. In 2007, the PRC Program implemented a Web-based information system (IS) to collect annual data from the PRCs for these indicators. Data collected through the IS included information related to funding, project and population characteristics, intervention testing, community committees, training, publications, and recognition awards. The evaluation results reported here provide a point-in-time (fiscal year 2007), cross-sectional, quantitative assessment of these topics for the 33 centers the PRC Program funded in 2004–2009.

Methods

The IS comprises four modules, each divided into sections. Within each section, questions are grouped by topic area. Designated staff at each PRC log into the IS to view, add, and edit data for the center; each PRC determines which staff members enter data. Before the start of data entry, the PRC Program office staff conducted a series of 2-hour training sessions, one for each module. Data entry began in April 2007, and all 2007 data were entered by December 29, 2007.

Data Management and Analysis

The data entered in the PRC IS are stored in a Microsoft SQL Server.[1] Data were extracted through a series of queries by indicator and were converted to raw data files in Microsoft Access.[1] Mean, median, range, and total values were calculated using Access and Excel.[1]

Study Limitations

The data reflect only a single year of the 5-year funding cycle. Data were self-reported by each PRC, and some PRCs may not have completed all data entry fields. Because some questions were confusing to some PRCs, not all of the analyzed indicator data are presented in this report.

Results

Funding

CDC provides funds to each PRC to support its infrastructure; a core research project; community engagement; and communication, dissemination, evaluation, and training activities. Centers can compete for additional funding from the CDC and outside sources to conduct special interest projects (SIPs) and other projects. In 2007, total awards per center for core, SIP, supplemental, and other awards ranged from approximately $700,000 to $13 million (mean: $2.6 million). The top funders for other projects at the centers were the National Institutes of Health, state and local agencies or foundations, CDC, and other federal agencies.

Project and Population Characteristics

In 2007, the centers conducted 416 projects, 305 (73%) of which were research projects. Research projects take place in a variety of settings and sites, including rural and urban areas, neighborhoods, schools, and medical clinics.

Of the core research projects that focused on a racial group, most focused on African American (75%) or white (71%) populations. Of the core research projects that focus on an ethnic group, one-half focused on Hispanic or Latino populations. Most of the core research projects that focused on a specific age group included adults (aged 18 years or older).

Projects and Intervention Testing

A major focus of PRC research is intervention testing. Among research projects, 73% of the core research projects, 45% of SIPs, and 39% of other research projects involved intervention testing.

Policy or Environmental Change

PRC projects can contribute to the creation or alteration of policies or environments that promote health or prevent disease. Thirty-three out of 57 core projects and 7 out of 82 SIPs contributed to policy or environmental change. The most common PRC contributions included providing funds related to the change; participating as a partner; and participating in surveillance, monitoring, or evaluation activities.

Community Committees and Constituencies

Each PRC has at least one community committee for the center, the core research project, or both. Across all PRCs, 87 community committees comprised 1,641 members. Committee members represent academia, community-based organizations, schools, community residents, health departments, public health practitioners, government agencies, and the business sector.

Students Trained

The PRCs trained or mentored 707 students through research assistantships, independent study, practicum, internships, or fellowships. The number of students trained, by level of trainee, is shown below:

Level	Number of Students Trained
High School	44
Undergraduate	82
Master's	375
Doctoral	154
Postdoctoral	52

Training Programs

In addition to training and mentoring students, PRCs offer formal training programs for faculty and community partners. Of 28 PRCs that reported having training programs available, 24 implemented 99 trainings in fiscal year 2007. These programs trained 4,777 people, including 957 community agency representatives and 550 public health employees of state, county, or local government.

Publications, Presentations, and Products

PRCs contribute to scientific discourse by publishing in peer-reviewed publications, making presentations at professional meetings, and disseminating other products. In 2007, the PRCs had 198 peer-reviewed publications and made 411 presentations.

Recognition Awards

PRCs receive recognition, including honors and awards, for accomplishments of the PRC overall, of one or more projects, or of one or more community members. Forty-seven faculty or staff members from 15 PRCs and 13 community members from 10 PRCs received recognition awards.

Additional Measures

The evaluation assessed the influence of specific inputs—i.e., total funding, type of institution, type of school, and indirect cost rate—on selected output and outcome variables. Twenty-five centers are located in schools of public health and 8 in schools of medicine. The centers operate within public (16), private (10), and land grant (7) institutions. PRCs at public institutions conducted more intervention research projects than did those at private or land grant institutions.

Total funding was stratified into approximate tertiles (less than $1.3 million, between $1.3 and $2.6 million, greater than $2.6 million). PRCs in the highest funding tertile trained more students than PRCs in the lowest and middle tertiles. PRCs in the lowest funding tertile trained substantially more people than PRCs in the middle and upper tertiles.

Discussion

The indicator data from this report demonstrate that the PRC Program contributes substantially to public health policy through research and training. Most PRCs were successful in obtaining funding from a variety of sources, increasing the total funding 3.5 times the total received for the core research awards. Community committees provided guidance to the centers and represented a wide array of constituencies, organizations, and perspectives. The PRCs contributed to policy and environmental changes and received honors or awards for accomplishments of the overall center, staff, and community partners.

Conclusions

The PRCs are extremely productive and meet their mandate to create infrastructure, secure additional funding, engage their communities, provide training, and disseminate research findings. The data indicate that the PRCs have met recommendations from a 1997 review from the Institutes of Medicine[2] by publishing in peer-reviewed publications, involving communities in their research, and documenting their impact on both policy and environmental changes. Further, by expanding funding and enhancing collaboration with community partners, PRCs are already following recommendations for future direction made in 2008 by the Association of Schools of Public Health Blue Ribbon Panel.[3]

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

2. Institute of Medicine (US). *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.

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